CDC

MMWR

Morbidity and Mortality Weekly Report

Weekly October 27, 2006 / Vol. 55 / No. 42

Tobacco Use Among Adults — United States, 2005

Four of the *Healthy People 2010* objectives* regarding tobacco use are to reduce the prevalence of cigarette smoking to 12.0%, cigar smoking to 1.2%, use of smokeless tobacco to 0.4%, and to increase cessation attempts among adult smokers to 75.0% (*1*). To assess progress toward achieving these four objectives, CDC analyzed self-reported data from the 2005 National Health Interview Survey (NHIS). This report summarizes the results of these analyses, which indicated lagging progress on all four objectives. In 2005, approximately 20.9% of U.S. adults were current cigarette smokers, the same percentage as in 2004 (*2*), suggesting that the 8-year decline in smoking prevalence among adults in the United States might be stalling. In addition, the findings indicated that, in 2005, an estimated 2.2% of U.S. adults were current cigar smokers, 2.3% used smokeless tobacco, and 42.5% of current cigarette smokers had stopped smoking for at least 1 day in the preceding 12 months because they were trying to quit (Figure). To meet the *Healthy People* objectives for 2010, full implementation of effective, comprehensive tobacco-control programs that address both initiation and cessation of tobacco use is needed in all states and U.S. territories.

The 2005 NHIS adult core questionnaire, which contained questions on cigarette smoking and cessation attempts, was administered by in-person interview to a nationally representative sample of 31,428 persons from the noninstitutionalized U.S. civilian population aged ≥18 years. The same respondents were administered a supplemental questionnaire on cancer that contained questions regarding cigar smoking and use of smokeless tobacco (i.e., chewing tobacco and snuff). The response rate for both the adult core sample and supplemental questionnaire was 69.0%. Data were adjusted for nonresponse and weighted to provide national estimates of cigarette and cigar smoking, use of smokeless tobacco, and cessation attempts. Confidence intervals (CIs) were calculated using statistical software to account for the survey's multistage probability sample design.

To measure cigarette smoking, respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Current cigarette smokers had smoked at least 100 cigarettes during their lifetimes and reported smoking every day or some days. Current cigar smokers had smoked at least 50 cigars during their lifetimes and reported smoking cigars every day or some days. Current users of smokeless tobacco had used chewing tobacco or snuff at least 20 times during their lifetimes and reported using chewing tobacco or snuff every day or some days. Among current cigarette smokers, making at least one cessation attempt in the preceding year was defined as a "yes" response to the question, "During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?"

In 2005, an estimated 20.9% (45.1 million) of U.S. adults were current cigarette smokers; of these, 80.8% (36.5 million) smoked every day, and 19.2% (8.7 million) smoked some days. The prevalence of current cigarette smoking varied substantially across population subgroups (Table). Current smoking was higher among men (23.9%) than women (18.1%). Among

* Objectives 27-1a (cigarette smoking), 27-1b (smokeless tobacco), 27-1c (cigar smoking), and 27-5 (cessation attempts among adult smokers).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

The *MMWR* series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2006;55:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH
Director

Tanja Popovic, MD, PhD
(Acting) Chief Science Officer

James W. Stephens, PhD
(Acting) Associate Director for Science

Steven L. Solomon, MD
Director, Coordinating Center for Health Information and Service

Jay M. Bernhardt, PhD, MPH
Director, National Center for Health Marketing

Judith R. Aguilar
(Acting) Director, Division of Health Information Dissemination (Proposed)

Editorial and Production Staff

Eric E. Mast, MD, MPH
(Acting) Editor, MMWR Series

Suzanne M. Hewitt, MPA
Managing Editor, MMWR Series

Douglas W. Weatherwax
(Acting) Lead Technical Writer-Editor

Catherine H. Bricker, MS
Jude C. Rutledge
Writers-Editors

Beverly J. Holland
Lead Visual Information Specialist

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

Quang M. Doan, MBA
Erica R. Shaver
Information Technology Specialists

Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, Chairman
Virginia A. Caine, MD, Indianapolis, IN
David W. Fleming, MD, Seattle, WA
William E. Halperin, MD, DrPH, MPH, Newark, NJ
Margaret A. Hamburg, MD, Washington, DC
King K. Holmes, MD, PhD, Seattle, WA
Deborah Holtzman, PhD, Atlanta, GA
John K. Iglehart, Bethesda, MD
Dennis G. Maki, MD, Madison, WI
Sue Mallonee, MPH, Oklahoma City, OK
Stanley A. Plotkin, MD, Doylestown, PA
Patricia Quinlisk, MD, MPH, Des Moines, IA
Patrick L. Remington, MD, MPH, Madison, WI
Barbara K. Rimer, DrPH, Chapel Hill, NC
John V. Rullan, MD, MPH, San Juan, PR
Anne Schuchat, MD, Atlanta, GA
Dixie E. Snider, MD, MPH, Atlanta, GA
John W. Ward, MD, Atlanta, GA

racial/ethnic groups, American Indians and Alaska Natives had the highest prevalence (32.0%), followed by non-Hispanic whites (21.9%), and non-Hispanic blacks (21.5%). Asians (13.3%) and Hispanics (16.2%) had the lowest rates.

By education level, smoking prevalence was highest among adults who had earned a General Educational Development (GED) diploma (43.2%) and those with 9–11 years of education (32.6%); prevalence generally decreased with increasing education. Adults aged 18–24 years (24.4%) and 25–44 years (24.1%) had the highest prevalences. The prevalence of current smoking was higher among adults living below the poverty level (29.9%) than among those at or above the poverty level (20.6%) (Table).

Certain populations had already surpassed the 2010 target of 12% for current cigarette smoking prevalence. These included Hispanic (11.1%) and Asian (6.1%) women, women with undergraduate (9.6%) or graduate (7.4%) degrees, men with undergraduate (11.9%) or graduate (6.9%) degrees, men aged ≥65 years (8.9%), and women aged ≥65 years (8.3%) (Table).

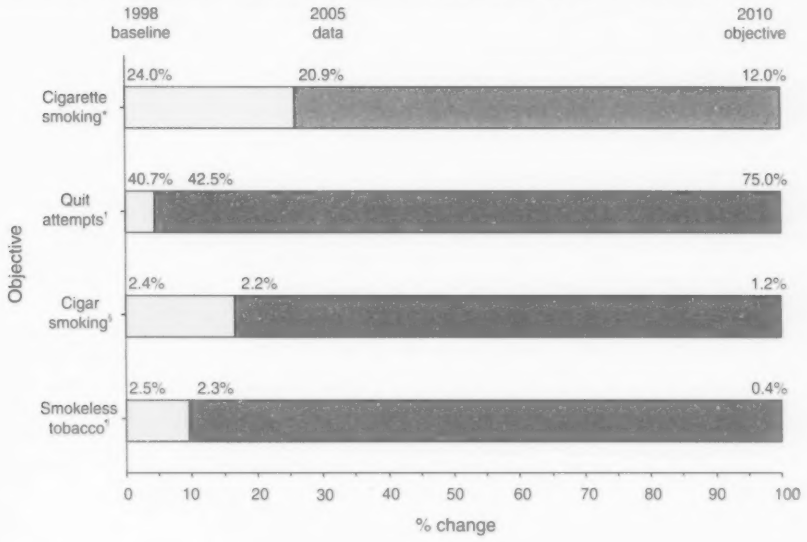
Among current cigarette smokers, an estimated 42.5% (95% CI = ±1.7; 19.2 million) had stopped smoking for at least 1 day during the preceding 12 months because they were trying to quit. Among the estimated 42.5% (91.8 million) of persons who had smoked at least 100 cigarettes during their lifetimes, 50.8% (46.5 million) did not smoke currently. In 2005, prevalence of current cigar smoking was 2.2% (CI = ±0.2) and current smokeless tobacco use was 2.3% (CI = ±0.3). Prevalence of cigar smoking and use of smokeless tobacco were higher among men (4.3% and 4.5%, respectively) than women (0.3% and 0.2%).

Reported by: *P Mariolis, PhD, VJ Rock, MPH, K Asman, MSPH, R Merritt, MA, A Malarcher, PhD, C Husten, MD, T Pechacek, PhD, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: The findings in this report indicate that the prevalence of cigarette smoking among U.S. adults did not change from 2004 to 2005. The adult prevalence might represent a stall in the decline in current cigarette smoking during the preceding 8 years and mirrors a lack of decline in smoking among adolescents since 2002 (*3*). Influencing factors might include smaller annual increases in the retail price of cigarettes (*4*) and a 26.5% reduction in funding for comprehensive state programs in tobacco control and prevention from 2002 to 2006 (*5*). Additionally, tobacco-industry advertising and promotional expenditures, primarily focused on price-discounting strategies, more than doubled from $6.7 billion in 1998 to $15.1 billion in 2003 (*6*).

The rate of decrease in cigarette smoking among adults is not sufficient to meet the 2010 objective of 12%, and the

FIGURE. Percentage change toward achieving tobacco-use national health objectives for 2010, by objective — National Health Interview Survey, United States, 2005



* Persons who reported smoking at least 100 cigarettes during their lifetimes and who, at the time of interview, reported smoking every day or some days. Excludes 296 respondents whose smoking status was unknown.

† Current cigarette smokers who reported stopping smoking for at least 1 day in the preceding 12 months because they were trying to quit smoking. Excludes 18 respondents whose quit attempts were unknown.

§ Persons who reported smoking 50 or more cigars during their lifetimes and who, at the time of interview, reported smoking cigars every day or some days. Excludes 1,719 respondents whose cigar smoking status was unknown.

¶ Persons who reported using chewing tobacco or snuff at least 20 times during their lifetimes and who, at the time of interview, reported using chewing tobacco or snuff every day or some days. Excludes 1,699 respondents whose use of chewing tobacco or snuff was unknown.

rates of improvements are also not sufficient to meet the objectives for cigar smoking, use of smokeless tobacco, and attempts at smoking cessation. In addition, prevalence remains high among certain segments of the population. For example, in 2005, the prevalence was 43.2% among persons with a GED diploma and 32.6% among persons with education levels of 9–11 years.

Effective interventions have been identified for decreasing initiation and increasing cessation, but they have not been implemented adequately (*7,8*). Recommended interventions include increases in the unit price for tobacco, mass media campaigns in combination with other interventions, and community mobilization campaigns to restrict access of minors to tobacco products in conjunction with enactment and enforcement of stronger retail sales laws and retailer education (*8*). Additional recommended interventions include reducing out-of-pocket costs to smokers for effective cessation therapies, multicomponent interventions (e.g., patient education, individual or group counseling, or nicotine replacement therapies) that include telephone quitlines, and health-care system changes (e.g., health-care provider reminder systems) (*8*).

The findings in this report are subject to at least three limitations. First, estimates for cigarette smoking are based on self report and are not validated by biochemical tests. However, self-reported data on current smoking status have been determined to have high validity when compared with measured serum cotinine levels (*9*). Second, the NHIS questionnaire is administered in English and Spanish only, which might result in imprecise estimates for racial/ethnic populations unable to respond to the survey because of language barriers. Third, the small NHIS samples for certain populations (e.g., American Indians/Alaska Natives) result in single-year estimates with large confidence intervals.

The lack of progress in reducing tobacco use and increasing cessation attempts among U.S. adults underscores the need for increasing measures to establish sustained, comprehensive, evidence-based tobacco-control programs that address both initiation and cessation. Full implementation of these programs at CDC-recommended levels of funding would accelerate progress toward meeting the 2010 objectives and decreasing the health burden and economic impact of tobacco-related diseases (*7,8*).

References

1. US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at http://www.health.gov/healthypeople.
2. CDC. Cigarette smoking among adults—United States, 2004. MMWR 2005;54:1121–4.
3. CDC. Cigarette use among high school students—United States, 1991–2005. MMWR 2006;55:724–6.
4. US Department of Labor. Consumer price index—all urban consumers. U.S. city average, cigarettes. Washington, DC: US Department of Labor, Bureau of Labor Statistics; 2005. Available at http://data.bls.gov/labjava/outside.jsp?survey=cu.
5. Campaign for Tobacco-Free Kids, American Lung Association, American Cancer Society, American Heart Association. A broken promise to our children: the 1998 state tobacco settlement seven years later. Washington, DC: National Center for Tobacco-Free Kids; 2005. Available at http://www.tobaccofreekids.org/reports/settlements/2006/fullreport.pdf.

TABLE. Percentage of persons aged ≥18 years who were current cigarette smokers,* by sex and selected characteristics — National Health Interview Survey, United States, 2005

Characteristic	Men (n = 13,762) % (95% CI†)	Women (n = 17,666) % (95% CI)	Total (N = 31,428) % (95% CI)
Race/Ethnicity§			
White, non-Hispanic	24.0 (± 1.2)	20.0 (± 0.9)	**21.9 (± 0.8)**
Black, non-Hispanic	26.7 (± 2.8)	17.3 (± 1.7)	**21.5 (± 1.6)**
Hispanic	21.1 (± 1.9)	11.1 (± 1.3)	**16.2 (± 1.2)**
American Indian/ Alaska Native, non-Hispanic¶	37.5 (±16.8)	26.8 (±11.3)	**32.0 (± 9.7)**
Asian, non-Hispanic**	20.6 (± 4.9)	6.1 (± 2.4)	**13.3 (± 2.9)**
Education††			
0–12 yrs (no diploma)	29.5 (± 2.3)	21.9 (± 1.8)	**25.5 (± 1.5)**
≤8 yrs	*21.0 (± 3.3)*	*13.4 (± 2.3)*	***17.1 (± 2.0)***
9–11 yrs	*36.8 (± 3.5)*	*29.0 (± 2.9)*	***32.6 (± 2.3)***
12 yrs (no diploma)	*30.2 (± 6.7)*	*22.2 (± 5.3)*	***26.0 (± 4.2)***
GED§§ diploma	47.5 (± 6.1)	38.8 (± 5.2)	**43.2 (± 4.2)**
High school graduate	28.8 (± 1.8)	20.7 (± 1.4)	**24.6 (± 1.1)**
Associate degree	26.1 (± 2.8)	17.1 (± 2.1)	**20.9 (± 1.7)**
Some college	26.2 (± 1.8)	19.5 (± 1.5)	**22.5 (± 1.1)**
Undergraduate degree	11.9 (± 1.4)	9.6 (± 1.3)	**10.7 (± 0.9)**
Graduate degree	6.9 (± 1.6)	7.4 (± 1.4)	**7.1 (± 1.1)**
Age group (yrs)			
18–24	28.0 (± 3.0)	20.7 (± 2.4)	**24.4 (± 2.0)**
25–44	26.8 (± 1.4)	21.4 (± 1.2)	**24.1 (± 1.0)**
45–64	25.2 (± 1.5)	18.8 (± 1.1)	**21.9 (± 0.9)**
≥65	8.9 (± 1.3)	8.3 (± 1.0)	**8.6 (± 0.8)**
Poverty status¶¶			
At or above	23.7 (± 1.1)	17.6 (± 0.9)	**20.6 (± 0.7)**
Below	34.3 (± 3.2)	26.9 (± 2.4)	**29.9 (± 2.0)**
Unknown	21.2 (± 2.0)	16.1 (± 1.3)	**18.4 (± 1.2)**
Total	**23.9 (± 1.0)**	**18.1 (± 0.7)**	**20.9 (± 0.6)**

* Persons who reported smoking at least 100 cigarettes during their lifetimes and who, at the time of interview, reported smoking every day or some days. Excludes 296 respondents whose smoking status was unknown.
† Confidence interval.
§ Excludes 314 respondents of unknown race or multiple racial categories.
¶ Wide variances in estimates reflect small sample sizes.
** Does not include Native Hawaiians or Other Pacific Islanders.
†† Among persons aged ≥25 years. Excludes 339 persons whose educational level was unknown.
§§ General Educational Development.
¶¶ Based on family income reported by respondents and 2004 poverty thresholds published by the U.S. Census Bureau.

6. Federal Trade Commission. Cigarette report for 2003. Washington, DC: Federal Trade Commission; 2005. Available at http://www.ftc.gov/reports/cigarette05/050809cigrpt.pdf.
7. CDC. Best practices for comprehensive tobacco control programs. Atlanta, GA: US Department of Health and Human Services, CDC; 1999.
8. CDC. The guide to community preventive services: tobacco. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at http://www.thecommunityguide.org/tobacco.
9. Caraballo RS, Giovino GA, Pechacek TF, Mowery PD. Factors associated with discrepancies between self-reports on cigarette smoking and measured serum cotinine levels among persons aged 17 years or older: Third National Health and Nutrition Examination Survey, 1988–1994. Am J Epidemiol 2001;153:807–14.

State-Specific Prevalence of Current Cigarette Smoking Among Adults and Secondhand Smoke Rules and Policies in Homes and Workplaces — United States, 2005

Smoking causes premature death and disease in children and adults who do not smoke but are exposed to secondhand smoke (SHS) (*1*). To assess the state-specific prevalence of current smoking among adults in the United States and the proportions of adults who report having smoke-free home rules* and smoke-free policies† in their workplace, CDC analyzed data from the 2005 Behavioral Risk Factor Surveillance System (BRFSS) (*2*). This report summarizes the results of that analysis, which indicated a threefold difference (from lowest to highest) in self-reported cigarette smoking prevalence in 50 states, the District of Columbia (DC), Puerto Rico (PR), and the U.S. Virgin Islands (USVI) (range: 8.3%–28.7%). Wide variations also were observed in USVI and the 14 states that assessed prevalence of smoke-free home rules (from 63.6% [Kentucky] to 82.9% [Arizona]) and smoke-free workplace policies (from 54.8% [Nevada] to 85.8% [West Virginia]). Evidence-based, comprehensive tobacco prevention and control programs that focus on decreasing smoking initiation, increasing smoking cessation, and establishing smoke-free workplaces, homes, and other venues should be continued and expanded to reduce smoking prevalence, exposure of nonsmokers to SHS, and smoking-related morbidity and mortality.

BRFSS is a state-based, random-digit–dialed telephone health survey of the noninstitutionalized, U.S. civilian population aged ≥18 years. The 2005 BRFSS was conducted in 50 states, DC, PR, and USVI. The questions to assess SHS rules and policies were offered as an optional module and were used in 14 states and USVI. Estimates were weighted by age and sex distribution for each state/area population, and 95% confidence intervals were calculated. Because BRFSS data are state-specific, median prevalences rather than national averages are reported. The territories (PR and USVI) were excluded in the calculation of median prevalence. The median response rate among all states and DC was 51.1% (range: 34.6%–67.4%) (*2*).

* Home smoke-free rules are private household rules that are adopted voluntarily by household members. They can include comprehensive rules that make homes smoke-free in all areas at all times and less comprehensive rules that restrict smoking to certain places or times (*1*).
† Workplace smoke-free policies regarding smoking in public areas and work areas are established either by legislation (at the local or state level) or through smoke-free policies adopted voluntarily by employers.

Respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Current smokers were defined as those who reported having smoked at least 100 cigarettes during their lifetimes and who currently smoke every day or some days. To assess smoke-free home rules, respondents were asked, "Which statement best describes the rules about smoking inside your home?" The response options were 1) "Smoking is not allowed anywhere inside your home," 2) "Smoking is allowed in some places or at some times," 3) "Smoking is allowed anywhere inside your home," and 4) "There are no rules about smoking inside your home." To assess smoke-free workplace policies, persons who reported that they were employed and worked indoors most of the time were asked, "Which of the following best describes your place of work's official policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?" and "Which of the following best describes your place of work's official smoking policy for work areas?" Response options for the first question were 1) "Not allowed in any public areas," 2) "Allowed in some public areas," 3) "Allowed in all public areas," and 4) "No official policy." Response options for the second question were 1) "Not allowed in any work areas," 2) "Allowed in some work areas," 3) "Allowed in all work areas," and 4) "No official policy."

Current Cigarette Smoking Prevalence

During 2005, the median adult smoking prevalence among all 50 states and DC was 20.6% (range: 11.5%–28.7%) (Table 1). Smoking prevalence was highest in Kentucky (28.7%), Indiana (27.3%), and Tennessee (26.8%) and was lowest in Utah (11.5%), California (15.2%), and Connecticut (16.5%). Smoking prevalence was 8.3% in USVI and 13.1% in PR. In the majority of states, men had a higher smoking prevalence (median: 22.1% [range: 13.7%–30.6%]) than women (median: 19.2% [range: 9.3%–26.9%]).

Smoke-Free Policies in Homes and Workplaces

In the 14 states that asked about smoking restrictions in homes and workplaces, the median percentage of persons who reported that smoking is not allowed anywhere inside their homes (i.e., complete smoke-free home rule) was 73.7%, and the median percentage of persons who worked mostly indoors and reported that smoking is not allowed in any indoor public areas or work areas within their workplaces (i.e., complete smoke-free workplace policy) was 73.4% (Table 2). In USVI, 82.4% of persons reported complete smoke-free home rules, and 66.6% reported complete smoke-free workplace policies.

TABLE 1. Prevalence of current cigarette smoking among adults,* by state/area and sex — Behavioral Risk Factor Surveillance System, 50 states, District of Columbia, Puerto Rico, and the U.S. Virgin Islands, 2005

State/Area	Men % (95% CI†)	Women % (95% CI)	Total % (95% CI)
Alabama	29.5 (±3.7)	20.5 (±2.1)	**24.8 (±2.1)**
Alaska	27.9 (±3.9)	22.0 (±2.9)	**25.0 (±2.5)**
Arizona	22.0 (±3.7)	18.8 (±3.2)	**20.4 (±2.4)**
Arkansas	25.2 (±2.5)	21.9 (±1.8)	**23.5 (±1.5)**
California	19.2 (±2.2)	11.3 (±1.3)	**15.2 (±1.3)**
Colorado	21.6 (±2.0)	18.1 (±1.5)	**19.9 (±1.3)**
Connecticut	16.9 (±2.3)	16.2 (±1.7)	**16.5 (±1.4)**
Delaware	22.5 (±2.9)	19.0 (±2.1)	**20.7 (±1.8)**
District of Columbia	22.9 (±3.3)	17.6 (±2.0)	**20.1 (±1.9)**
Florida	24.8 (±2.3)	18.7 (±1.5)	**21.6 (±1.4)**
Georgia	25.0 (±2.7)	19.4 (±1.7)	**22.2 (±1.6)**
Hawaii	19.3 (±2.1)	15.0 (±1.5)	**17.1 (±1.3)**
Idaho	19.7 (±2.3)	16.2 (±1.6)	**17.9 (±1.4)**
Illinois	21.2 (±2.4)	18.7 (±1.7)	**19.9 (±1.4)**
Indiana	29.7 (±2.3)	25.1 (±1.7)	**27.3 (±1.4)**
Iowa	21.8 (±2.3)	19.1 (±1.7)	**20.4 (±1.4)**
Kansas	18.9 (±1.8)	16.8 (±1.2)	**17.8 (±1.1)**
Kentucky	30.6 (±2.8)	26.9 (±1.9)	**28.7 (±1.7)**
Louisiana	24.6 (±3.1)	20.6 (±2.1)	**22.6 (±1.9)**
Maine	22.4 (±2.5)	19.5 (±2.1)	**20.9 (±1.6)**
Maryland	19.7 (±1.9)	18.4 (±1.4)	**19.0 (±1.2)**
Massachusetts	18.1 (±1.9)	18.0 (±1.5)	**18.1 (±1.2)**
Michigan	24.1 (±1.6)	20.2 (±1.1)	**22.1 (±1.0)**
Minnesota	21.0 (±3.0)	19.1 (±2.5)	**20.0 (±2.0)**
Mississippi	25.9 (±2.9)	21.7 (±1.8)	**23.7 (±1.7)**
Missouri	24.9 (±2.8)	22.1 (±2.2)	**23.4 (±1.8)**
Montana	19.3 (±2.3)	19.1 (±1.9)	**19.2 (±1.5)**
Nebraska	23.4 (±2.1)	19.2 (±1.7)	**21.3 (±1.3)**
Nevada	25.2 (±3.4)	20.9 (±3.1)	**23.1 (±2.3)**
New Hampshire	20.4 (±2.0)	20.5 (±1.7)	**20.5 (±1.3)**
New Jersey	19.6 (±1.6)	16.8 (±1.2)	**18.1 (±1.0)**
New Mexico	24.4 (±2.5)	18.8 (±1.7)	**21.5 (±1.5)**
New York	23.0 (±2.1)	18.2 (±1.3)	**20.5 (±1.2)**
North Carolina	25.6 (±1.6)	19.9 (±1.0)	**22.7 (±0.9)**
North Dakota	21.5 (±2.4)	18.6 (±2.0)	**20.0 (±1.6)**
Ohio	21.9 (±2.5)	22.8 (±2.0)	**22.3 (±1.6)**
Oklahoma	26.5 (±2.2)	23.8 (±1.6)	**25.1 (±1.3)**
Oregon	20.6 (±1.5)	16.5 (±1.0)	**18.5 (±0.9)**
Pennsylvania	25.0 (±2.0)	22.5 (±1.4)	**23.7 (±1.2)**
Rhode Island	19.4 (±2.7)	20.1 (±2.1)	**19.8 (±1.7)**
South Carolina	25.3 (±1.9)	20.1 (±1.3)	**22.6 (±1.2)**
South Dakota	20.4 (±2.1)	19.2 (±1.6)	**19.8 (±1.3)**
Tennessee	29.3 (±3.6)	24.5 (±2.2)	**26.8 (±2.1)**
Texas	23.3 (±2.3)	16.8 (±1.5)	**20.0 (±1.4)**
Utah	13.7 (±2.0)	9.3 (±1.3)	**11.5 (±1.2)**
Vermont	21.6 (±2.1)	17.0 (±1.4)	**19.3 (±1.2)**
Virginia	21.5 (±2.6)	19.7 (±1.8)	**20.6 (±1.6)**
Washington	19.1 (±1.1)	16.1 (±0.8)	**17.6 (±0.7)**
West Virginia	27.4 (±2.8)	26.0 (±2.2)	**26.6 (±1.8)**
Wisconsin	22.1 (±2.4)	19.5 (±2.0)	**20.8 (±1.5)**
Wyoming	20.5 (±2.2)	22.1 (±1.8)	**21.3 (±1.4)**
Median§	*22.1* —	*19.2* —	***20.6*** —
Puerto Rico	18.1 (±2.7)	8.7 (±1.5)	**13.1 (±1.5)**
U.S. Virgin Islands	10.7 (±2.3)	6.1 (±1.3)	**8.3 (±1.3)**

* Persons aged ≥18 years who reported having smoked at least 100 cigarettes during their lifetimes and who currently smoke every day or some days.
† Confidence interval.
§ Calculation of median values excluded territories (i.e., Puerto Rico and U.S. Virgin Islands).

TABLE 2. Proportion of adults* who reported complete smoking restrictions inside their homes and in public or work areas in their workplaces, by state/area — Behavioral Risk Factor Surveillance System, 14 states and the U.S. Virgin Islands, 2005

State/Area	Complete smoking restriction inside home†		Complete smoking restrictions in workplace					
			in public areas§		in work areas¶		in entire workplace**	
	%	(95% CI††)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Arizona	82.9	(±2.2)	77.9	(±3.7)	85.1	(±3.2)	71.8	(±3.9)
Arkansas	69.7	(±1.6)	67.9	(±2.5)	77.0	(±2.3)	61.3	(±2.5)
Iowa	71.9	(±1.5)	80.1	(±2.0)	87.3	(±1.6)	77.7	(±2.1)
Kentucky	63.6	(±1.8)	74.0	(±2.7)	84.9	(±2.3)	71.5	(±2.8)
Nevada	79.0	(±2.2)	60.1	(±4.0)	76.2	(±3.5)	54.8	(±4.0)
New Jersey	76.7	(±1.0)	80.2	(±1.5)	86.0	(±1.4)	75.1	(±1.7)
North Carolina	75.1	(±0.9)	79.3	(±1.3)	89.2	(±1.1)	76.5	(±1.4)
Oklahoma	71.7	(±1.4)	80.2	(±2.0)	86.7	(±1.7)	76.4	(±2.1)
South Carolina	72.0	(±1.3)	72.6	(±1.9)	80.3	(±1.8)	66.5	(±2.0)
Texas	78.8	(±1.5)	80.6	(±2.1)	86.9	(±1.8)	74.6	(±2.3)
Virginia	74.6	(±1.7)	80.8	(±2.2)	86.2	(±2.0)	75.4	(±2.4)
West Virginia	65.4	(±1.9)	88.1	(±2.0)	92.2	(±1.7)	85.8	(±2.3)
Wisconsin	72.8	(±1.7)	75.9	(±2.3)	82.2	(±2.2)	70.9	(±2.4)
Wyoming	75.4	(±1.4)	78.8	(±2.1)	80.7	(±2.0)	72.3	(±2.3)
Median§§	*73.7*	—	*79.0*	—	*85.5*	—	*73.4*	—
U.S. Virgin Islands	82.4	(±1.8)	74.8	(±3.2)	79.7	(±3.0)	66.6	(±3.4)

* Persons aged ≥18 years.
† Smoking is not allowed anywhere inside the home.
§ Among persons who worked indoors most of the time, percentage who reported that smoking is not allowed in any public areas in their workplaces.
¶ Among persons who worked indoors most of the time, percentage who reported that smoking is not allowed in any work areas in their workplaces.
** Among persons who worked indoors most of the time, percentage who reported that smoking is not allowed in any public or work areas in their workplaces.
†† Confidence interval.
§§ Calculation of median values excluded territories (i.e., U.S. Virgin Islands).

In all 14 states and USVI, respondents reported higher percentages of complete smoke-free policies in work areas (median: 85.5%[§] [range: 76.2%–92.2%]) than in public areas of their workplaces (median: 79.0% [range: 60.1%–88.1%]). The states with the highest percentages of smoke-free home rules were Arizona (82.9%) and Nevada (79.0%); the states with the lowest percentages were Kentucky (63.6%) and West Virginia (65.4%). The states with the highest percentages of smoke-free workplace policies were West Virginia (85.8%) and Iowa (77.7%); Nevada (54.8%) and Arkansas (61.3%) had the lowest percentages.

Reported by: *E Maurice, MS, S Thorne, MPH, U Ajani, MBBS, A Malarcher PhD, R Merritt, MA, C Husten, MD, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Coordinating Center for Health Promotion, CDC.*

Editorial Note: *Healthy People 2010* objectives call for reducing adult cigarette smoking prevalence to 12% (objective 27-1), reducing the proportion of nonsmokers exposed to SHS to 45% (objective 27-10), and increasing the proportion of workplaces and workers that are covered by smoke-free workplace policies to 100% (objective 27-12) (*3*). In 2005, Utah and USVI; women in Utah, California, and USVI; and men in USVI continued to meet the *Healthy People 2010* objective for reducing adult smoking prevalence, as they did in 2004. Women in PR achieved the goal for the first time in 2005. Men in Utah met the goal in 2004 (11.7%) but not in 2005 (13.7%) (*4*). The present rate of decline in current smoking rates is not fast enough for most states to achieve the *Healthy People 2010* objective of 12% (objective 27-1).

Because the majority of SHS exposure among nonsmokers occurs in workplaces and homes, the only interventions that effectively protect nonsmokers from SHS exposure are legislation, policies, and rules that make workplaces and homes completely smoke-free (*1*). SHS exposure has decreased substantially during the past 20 years, in part because many employers and communities and certain states have implemented smoke-free policies and laws. As of March 1, 2006, six states (Delaware, Massachusetts, New Jersey, New York, Rhode Island, and Washington) had implemented laws (effective on or before June 1, 2006) that make private workplaces, restaurants, and bars smoke-free (*5*). In addition, several other states have implemented laws that make one or two of these three settings smoke-free. However, the findings in this report indicate that a substantial proportion of adults remain at risk for SHS exposure in their homes and workplaces because of lack of smoke-free rules and policies. Among the 14 states that used the optional SHS module, only Oklahoma has had statewide smoke-free laws for private

[§] Calculation of median values excluded USVI.

workplaces since September 2003, but restaurants in Oklahoma were not included until March 1, 2006.

The patterns of current smoking among U.S. adults might be beginning to mirror the current smoking patterns among middle and high school students, which have not changed substantially from 2002 to 2005; smoking prevalence rates in this student population have stabilized in the past few years (*6*). The lack of change in cigarette smoking might be attributed to the substantial increase in marketing expenditures by tobacco companies since 1998 and decreases in state funding for comprehensive tobacco-control programs since 2002 (*7,8*). In 2003, tobacco companies spent approximately $15.1 billion on advertising and promotion, which more than doubled these expenditures from 1998 (*7*). The Federal Trade Commission reported that price discounts paid to retailers or wholesalers to reduce the price of cigarettes to consumers accounted for $10.8 billion (71.4% of total advertising and promotional spending by tobacco companies in 2003) (*7*). In contrast, in the state fiscal year 2006, Colorado, Delaware, Maine, and Mississippi were the only states that funded their tobacco-control programs at the minimum levels recommended by CDC (*8,9*).

The findings in this report are subject to at least four limitations. First, BRFSS does not sample persons in households without landline telephones, a population that might be more likely to smoke (*2*). In 2005, an estimated 94.2% of the U.S. population had telephones; however, noncoverage ranged from 2.1% of households in Connecticut to 10.0% of households in Arkansas and 23.8% in PR (*2*). Second, several states did not collect data for all 12 months of the year because of the severe hurricane season. Data from Mississippi and Louisiana only include information collected during January–August. PR did not collect data in March, and USVI did not collect data in July, October, and November. Third, estimates for cigarette smoking are based on self-report and are not validated by biochemical tests. However, self-reported data on current smoking status have been shown to have high validity (*2*). Finally, the median response rate was 51.1% (range: 34.6%–67.4%); however, the reliability and validity of BRFSS measures have been demonstrated (*2*).

In the recently released report, the Surgeon General concluded that SHS causes premature death and disease in children and in adults who do not smoke (*1*). Children exposed to SHS are at increased risk for SIDS, acute respiratory infections, ear problems, and more severe asthma (*1*). The home is the place where children are most exposed to SHS, and children remain more heavily exposed to SHS than adults (*1*). Exposure of adults to SHS has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer (*1*). The Surgeon General's report concludes that no risk-free level of SHS exposure exists (*1*). The report also concludes that eliminating smoking in indoor spaces fully protects nonsmokers from SHS exposure, whereas separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate this exposure (*1*). Laws and regulations that create smoke-free worksites and public places should be implemented to protect the health of the public. Everyone is encouraged to make their homes smoke-free to protect themselves and their families from exposure to SHS.

Consumer education materials describing what the public, parents, and employers can do to make their environments smoke-free are available online at http://www.surgeongeneral.gov/library/secondhandsmoke/secondhandsmoke.pdf. Implementing smoke-free rules and policies in conjunction with other elements of a comprehensive tobacco-control program, such as increasing tobacco excise taxes, having sustained countermarketing campaigns, expanding access to quitline services, and increasing insurance coverage for tobacco-use treatment (*10*), have been shown to increase cessation, decrease consumption, and decrease SHS exposure. Implementing comprehensive state tobacco-control programs that are funded at the minimum levels recommended by CDC (*9*) would accelerate progress in reducing tobacco use and SHS exposure.

References

1. US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, Georgia: US Department of Health and Human Services, CDC; 2006.
2. CDC. Behavioral Risk Factor Surveillance System. Survey data information. Available at http://www.cdc.gov/brfss/technical_infodata/surveydata/2005.htm.
3. US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at http://www.healthypeople.gov.
4. CDC. State-specific prevalence of cigarette smoking and quitting among adults—United States, 2004. MMWR 2005;54:1124–7.
5. CDC. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at http://apps.nccd.cdc.gov/statesystem.
6. CDC. Cigarette use among high school students—United States, 1991–2005. MMWR 2006;55:724–6.
7. Federal Trade Commission. Federal Trade Commission cigarette report for 2003. Washington, DC: Federal Trade Commission; 2005.
8. Campaign for Tobacco-Free Kids. A broken promise to our children: the 1998 state tobacco settlement seven years later. Washington, DC: Campaign for Tobacco Free Kids; 2005.
9. CDC. Best practices for comprehensive tobacco control programs, August 1999. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC; 1999.
10. Task Force on Community Preventive Services. Guide to community preventive services: tobacco use prevention and control. Am J Prev Med 2001;20(2 Suppl 1):1–87. Updates available at http://www.thecommunityguide.org/tobacco.

Brief Report

Update: Mumps Activity — United States, January 1–October 7, 2006

During January 1–October 7, 2006, a total of 45 states* and the District of Columbia reported 5,783 confirmed or probable mumps cases to CDC (Figure). This includes 2,597 cases previously reported by 11 states during January 1–April 29, 2006 (*1*). This report summarizes the epidemiology of mumps cases in the United States during 2006. With low levels of reported mumps continuing, health-care workers should remain alert to suspected mumps, conduct appropriate laboratory testing, and use every opportunity to ensure adequate immunity, particularly among populations at high risk for mumps.

Cases of mumps are reportable through the National Notifiable Diseases Surveillance System (NNDSS). Reports are transmitted electronically via NNDSS to CDC each week and include individual case information such as age, sex, date of symptom onset, vaccination status, and complications of illness. Mumps cases included in this report are those with onset from January 1 (week 1) through October 7, 2006 (week 40).

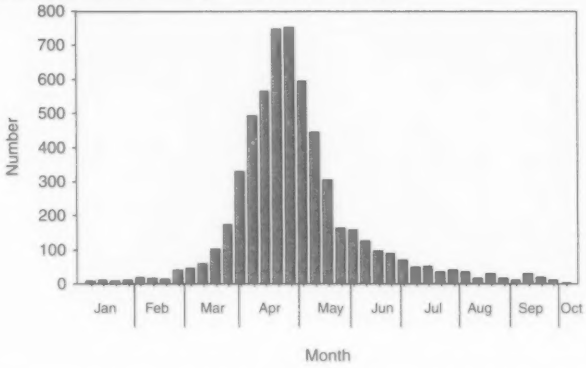
The clinical case definition of mumps is an illness with acute onset of unilateral or bilateral tender, self-limited, swelling of the parotid or other salivary gland, lasting 2 or more days, and without other apparent cause. A confirmed case of mumps is one that is laboratory confirmed or meets the clinical case definition and is linked epidemiologically to a confirmed or probable case. A probable case meets the clinical case definition but is neither laboratory confirmed nor linked to another confirmed or probable mumps case (*2*).

Of the 5,783 cases, 3,113 (54%) were confirmed, and 2,612 (45%) were probable; for 58 cases (1%), classification was unknown. Six states reported 84% of the cases: Iowa (1,968), Kansas (904), Wisconsin (750), Illinois (591), Nebraska (357), and South Dakota (288).

For 5,747 (99%) of the 5,783 mumps cases with patient age available, the median age was 22 years (range: 1 month–96 years). Among the 5,739 (99%) patients for whom sex was known, 3,644 (63%) were female. As reported previously (*1*), the highest age-specific rate continues to be among persons aged 18–24 years, many of whom were college students.

Data regarding vaccination status are incomplete. In Iowa, one of the states with the most complete data, preliminary vaccination data have been reported through September 30. Among 1,798 patients with completed follow-up reports, 123 (7%) were unvaccinated; 245 (14%) had received 1 dose of measles, mumps, and rubella (MMR) vaccine, and 884 (49%) had received ≥2 doses of MMR vaccine. The vaccination status of 546 (30%) patients, the majority of whom were adults, was unknown (*3*).

FIGURE. Number of mumps cases,* by month of onset — United States, January 1– October 7, 2006



* Provisional number of cases (N = 5,783) as reported to the National Notifiable Diseases Surveillance System.

Among the 5,783 cases for which weeks of onset are known, cases peaked during April 16–29, the onset period for 1,498 (26%) cases (Figure). The number of reported cases decreased during May–September, when most students were not attending college. However, since students began returning to school in August, mumps clusters have been reported from three college or university campuses in Illinois (84 cases), Kansas (22 cases), and Virginia (12 cases). Most of these cases (96%) were reported in persons who had received 2 doses of MMR vaccine. Because 2 doses of mumps-containing vaccine are not 100% effective, in a setting with high vaccination coverage such as the United States, most mumps cases likely will occur in persons who have received the 2 doses. Multiple other factors might have contributed to the spread of the mumps outbreak (e.g., the close-contact environment of college dormitories or varying college admission requirements for MMR vaccination) (*1*).

Health-care providers should continue to remain alert for suspected mumps cases, conduct appropriate diagnostic testing, and report these cases to local or state health departments. At the initial visit, recommended specimens for laboratory testing include serum to test for mumps immunoglobulin M (IgM) antibodies and a swab from the parotid duct or other affected salivary gland ducts for viral isolation, reverse transcriptase–polymerase chain reaction testing, or both. Parotid duct swab is the preferred viral sample for mumps; urine samples are no longer recommended. The first (acute) serum

* Five states (Connecticut, Delaware, Maine, Montana, and Vermont) did not report any cases to CDC.

specimen should be collected within 5 days of illness onset. If the IgM antibody titer is negative, a second (convalescent) serum specimen for IgM antibodies is recommended 2–3 weeks after onset of signs (e.g., parotitis) or symptoms; a delayed IgM response has been observed in patients with confirmed cases of mumps, especially in vaccinated persons. The paired serum specimens also can be used to detect a significant rise (as defined by the testing kit instructions) in immunoglobulin G (IgG seroconversion) if measured by enzyme-linked immunosorbent assay or a fourfold rise in titer if measured using plaque-reduction neutralization assays or similar quantitative assay. Negative laboratory tests, especially in vaccinated persons, should not be used to rule out a mumps diagnosis, because these tests are not sensitive enough to detect infection in all persons with clinical illness. In the absence of another diagnosis, cases meeting the clinical case definition should be reported as mumps cases.

In response to this nationwide mumps outbreak, ACIP recommendations for prevention and control of mumps were updated (*4*). Evidence of immunity through documentation of vaccination is now defined as 1 dose of live mumps vaccine for preschool-aged children and adults not at high risk for exposure and infection and 2 doses of live mumps vaccine for school-aged children (i.e., grades kindergarten–12) and adults at high risk for exposure and infection (i.e., health-care workers, international travelers, and students at post–high-school education institutions). Additional recommendations for outbreak control include administering a second dose of MMR for preschool children and adults not at high risk for exposure and infection if these persons are part of a group that is experiencing an outbreak (*4*). To ensure high levels of immunity, especially among groups at high risk for exposure and infection, every opportunity should be used to provide the first or second dose of MMR vaccine to those without adequate evidence of immunity (e.g., documentation of vaccination). Private health-care providers, clinics, health departments, health-care institutions, schools, universities, and colleges should consider offering MMR vaccine through such settings as routine preventive health services and special immunization clinics, including providing MMR in conjunction with influenza vaccine.

Reported by: *S Reef, MD, G Dayan, MD, W Bellini, PhD, A Barskey, MPH, S Redd, D Bi, MS, P Rota, PhD, J Rota, MPH, Div of Viral Diseases, National Center for Immunization and Respiratory Diseases (proposed), CDC.*

References

1. CDC. Update: multistate outbreak of mumps—United States, January 1–May 2, 2006. MMWR 2006;55:559–63.
2. Council of State and Territorial Epidemiologists (CSTE). 1999 position statements. Position Statement ID-9. CSTE National Meeting, Madison, WI, 1999. Available at http://www.cste.org/ps/1999/1999-id-09.htm.
3. Iowa Department of Public Health. Mumps information. Mumps update: September 30, 2006. Available at http://www.idph.state.ia.us/adper/mumps.asp.
4. CDC. Updated recommendations of the Advisory Committee on Immunization Practices (ACIP) for the control and elimination of mumps. MMWR 2006;55:629–30.

Notice to Readers

National Epilepsy Awareness Month — November 2006

November is National Epilepsy Awareness Month. In 2006, epilepsy affects approximately 3 million persons in the United States and is characterized by recurrent, unprovoked seizures. Delayed recognition of seizures and inadequate treatment increase the risk for subsequent seizures, brain damage, disability, decreased health-related quality of life, and death from injuries incurred during a seizure.

Epilepsy most often affects young children and older adults, although persons can have epilepsy at any age. The effects of epilepsy on children can be especially problematic as they transition into adult activities (e.g., driving and working). The number of cases among older adults is increasing as the U.S. population ages.

The Epilepsy Foundation, in partnership with CDC, is continuing its national programs to improve the health care and community support available to persons affected by epilepsy through public education and community awareness programs. The theme for this year's foundation campaign, which begins in November and will extend throughout the year, is "Not another moment lost to seizures." The campaign includes initiatives targeting outreach and education to young persons, seniors, blacks, and Hispanics. The foundation also is developing a first responders curriculum to train emergency response personnel. In addition, the foundation has established partnerships with other national and local organizations to provide public education and community awareness programs. These organizations include the National Association of School Nurses, American Association of Retired Persons, Community Health Workers/Promotores National Network, National Council of La Raza, National Center for Farmworker Health, and East Coast Community Health Centers Association.

Information regarding epilepsy and the campaign is available from the Epilepsy Foundation by telephone (800-332-1000) or at http://www.epilepsyfoundation.org. Information in Spanish is available at http://www.fundacionparalaepilepsia.org or by telephone (866-748-8008).

Notice to Readers

Self-Study Course: Principles of Epidemiology in Public Health Practice, Third Edition

The introductory self-study course, Principles of Epidemiology in Public Health Practice, Third Edition, is now available online. The course is designed for public health professionals at the state and local level who have, or expect to have, responsibility for outbreak investigations or public health surveillance.

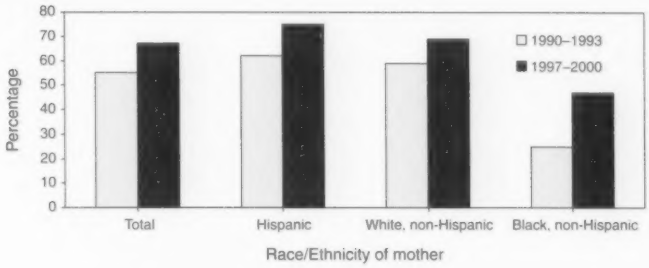
The course provides an introduction to applied epidemiology and biostatistics; it consists of six lessons: Introduction to Epidemiology, Summarizing Data, Measures of Risk, Displaying Public Health Data, Public Health Surveillance, and Investigating an Outbreak. Continuing education credits are offered to physicians, nurses, veterinarians, pharmacists, certified public health educators, and other professionals.

The self-study course (SS1000) is available at no charge at http://www2a.cdc.gov/phtnonline. A printed copy of the course can be ordered from the Public Health Foundation at http://bookstore.phf.org, or at telephone, 877-252-1200 (United States) or 301-645-7773 (international).

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Infants* Born During 1990–1993 and 1997–2000 Who Were Ever Breastfed, by Race/Ethnicity of Mother — United States



* Excludes twins and higher-order multiple births.

The percentage of infants ever breastfed increased from 55% among those born during 1990–1993 to 67% among those born during 1997–2000, bringing the levels of breastfeeding initiation closer to the *Healthy People 2010* objective of 75% among mothers in all racial/ethnic groups. Substantial progress toward meeting this goal has been observed among Hispanic (75%) and non-Hispanic white (69%) mothers. In addition, breastfeeding initiation nearly doubled among non-Hispanic black mothers, from 25% of infants born during 1990–1993 to 47% of infants born during 1997–2000.

SOURCE: Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: data from the 2002 National Survey of Family Growth. Vital Health Stat 2005;23(25).

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 21, 2006 (42nd Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years 2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	1	1	—	—	—	2	23	
Botulism:									
foodborne	—	8	0	19	16	20	28	39	
infant	1	65	2	90	87	76	69	97	WA (1)
other (wound & unspecified)	1	44	1	33	30	33	21	19	CA (1)
Brucellosis	2	87	2	122	114	104	125	136	AZ (1), CA (1)
Chancroid	—	25	1	17	30	54	67	38	
Cholera	—	6	0	8	5	2	2	3	
Cyclosporiasis§	1	102	2	734	171	75	156	147	GA (1)
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§,¶:									
California serogroup	—	45	4	80	112	108	164	128	
eastern equine	—	6	0	21	6	14	10	9	
Powassan	—	1	—	1	1	—	1	N	
St. Louis	—	4	0	13	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	15	303	9	790	537	362	511	261	MN (15)
human monocytic	4	301	7	522	338	321	216	142	NY (2), MI (1), NC (1)
human (other & unspecified)	1	135	1	122	59	44	23	6	AR (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	8	0	9	19	32	34	—	
nonserotype b	1	69	3	135	135	117	144	—	MN (1)
unknown serotype	3	165	2	217	177	227	153	—	DC (1), FL (1), CO (1)
Hansen disease§	1	61	1	88	105	95	96	79	NH (1)
Hantavirus pulmonary syndrome§	—	25	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	5	203	5	221	200	178	216	202	NY (1), MN (1), NE (1), ID (1), AZ (1)
Hepatitis C viral, acute	2	610	31	771	713	1,102	1,835	3,976	KY (1), NM (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	6	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	—	40	—	45	—	N	N	N	
Listeriosis	11	542	18	892	753	696	665	613	NH (1), OH (1), IN (3), MD (1), FL (2), WA (1), CA (2)
Measles	—***	44	0	66	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	1	174	3	297	—	—	—	—	RI (1)
serogroup B	—	108	2	157	—	—	—	—	
other serogroup	—	14	0	27	—	—	—	—	
Mumps	7	5,871	5	314	258	231	270	266	OH (1), MO (1), KS (2), VA (1), CA (2)
Plague	—	12[1]	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	18	0	19	12	12	18	25	
Q fever§	3	123	1	139	70	71	61	26	MD (1), FL (1), CO (1)
Rabies, human	—	1	0	2	7	2	3	1	
Rubella	—	8	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	82	1	129	132	161	118	77	IN (1)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	10	870	14	1,257	1,162	845	513	498	NY (2), MN (4), MO (1), NE (2), AR (1)
Syphilis, congenital (age <1 yr)	—	216	8	361	353	413	412	441	
Tetanus	—	17	0	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	2	75	2	96	95	133	109	127	CA (2)
Trichinellosis	—	11	0	19	5	6	14	22	
Tularemia§	1	72	2	154	134	129	90	129	AR (1)
Typhoid fever	4	220	7	324	322	356	321	368	OH (1), MD (1), CA (2)
Vancomycin-intermediate *Staphylococcus aureus*§	—	2	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	3	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting year 2006 are provisional, whereas data for 2001, 2002, 2003, 2004, and 2005 are finalized.

† Calculated by summing the incidence counts for the current week, the two weeks preceding the current week, and the two weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

§ Not notifiable in all states.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed). Implementation of HIV reporting influences the number of cases reported. Pediatric HIV data will not be updated monthly for the remainder of this year due to upgrading of the national HIV/AIDS surveillance data management system. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed).

¶¶ Cumulative totals for 2005 and 2006 do not include reports from states where influenza-associated pediatric mortality is not a notifiable condition.

*** No measles cases were reported for the current week.

††† Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	Chlamydia† Current week	Chlamydia† Previous 52 weeks Med	Chlamydia† Previous 52 weeks Max	Chlamydia† Cum 2006	Chlamydia† Cum 2005	Coccidioidomycosis Current week	Coccidioidomycosis Previous 52 weeks Med	Coccidioidomycosis Previous 52 weeks Max	Coccidioidomycosis Cum 2006	Coccidioidomycosis Cum 2005	Cryptosporidiosis Current week	Cryptosporidiosis Previous 52 weeks Med	Cryptosporidiosis Previous 52 weeks Max	Cryptosporidiosis Cum 2006	Cryptosporidiosis Cum 2005
United States	13,169	19,106	35,170	768,939	773,117	82	151	1,643	6,545	3,486	90	71	594	3,986	6,218
New England	930	634	1,550	26,979	25,693	—	0	0	—	—	1	4	33	251	305
Connecticut	428	174	1,214	7,913	7,478	N	0	0	N	N	—	0	30	30	74
Maine§	10	43	67	1,789	1,800	N	0	0	N	N	—	0	4	34	26
Massachusetts	345	296	621	12,343	11,439	—	0	0	—	—	—	1	14	88	133
New Hampshire	39	37	65	1,596	1,503	—	0	0	—	—	—	1	5	39	32
Rhode Island	89	62	107	2,446	2,680	—	0	0	—	—	—	0	6	14	7
Vermont§	19	19	43	892	793	N	0	0	N	N	1	0	5	46	33
Mid. Atlantic	1,820	2,413	3,696	97,657	94,925	—	0	0	—	—	12	11	444	462	2,530
New Jersey	101	373	497	14,348	15,614	N	0	0	N	N	—	0	3	10	56
New York (Upstate)	533	499	1,727	19,474	18,809	N	0	0	N	N	8	3	441	143	2,112
New York City	607	731	1,570	31,108	30,698	N	0	0	N	N	—	2	7	76	132
Pennsylvania	579	756	1,104	32,727	29,804	N	0	0	N	N	4	4	14	233	230
E.N. Central	1,702	3,128	12,578	127,673	130,337	—	1	3	38	9	19	16	94	968	1,463
Illinois	577	972	1,693	41,545	40,643	—	0	0	—	—	—	2	10	83	146
Indiana	366	391	510	15,754	16,350	N	0	0	N	N	9	1	18	79	69
Michigan	559	661	9,888	28,356	21,609	—	0	3	34	9	2	2	7	114	94
Ohio	88	675	1,430	25,997	35,239	—	0	1	4	—	8	5	33	305	701
Wisconsin	112	396	531	16,021	16,496	N	0	0	N	N	—	5	53	387	453
W.N. Central	694	1,154	1,456	47,201	47,595	—	0	12	1	4	11	11	74	700	539
Iowa	105	159	225	6,615	5,806	N	0	0	N	N	—	1	28	154	114
Kansas	114	154	269	5,713	5,915	N	0	0	N	N	4	1	8	70	32
Minnesota	1	228	346	8,737	9,980	—	0	12	—	3	3	2	22	165	111
Missouri	368	440	612	18,427	18,203	—	0	1	1	1	3	2	18	155	232
Nebraska§	40	94	176	4,208	4,175	N	0	1	N	N	1	1	16	82	21
North Dakota	14	34	58	1,362	1,307	N	0	0	N	N	—	0	4	9	1
South Dakota	52	51	116	2,139	2,209	N	0	0	N	N	—	1	7	65	28
S. Atlantic	3,033	3,566	4,932	147,466	144,343	—	0	1	3	1	41	14	65	873	590
Delaware	84	68	92	2,880	2,737	N	0	0	N	N	—	0	3	13	4
District of Columbia	134	52	103	2,051	3,083	—	0	0	—	—	—	0	3	12	10
Florida	887	946	1,153	39,512	35,155	N	0	0	N	N	32	6	32	412	270
Georgia	22	635	2,142	24,208	25,653	—	0	0	—	—	9	3	16	182	118
Maryland§	324	334	486	14,227	15,040	—	0	1	3	1	—	0	3	15	29
North Carolina	633	572	1,772	27,033	26,211	N	0	0	N	N	—	0	11	81	70
South Carolina§	351	308	1,452	15,698	15,313	N	0	0	N	N	—	1	13	109	18
Virginia§	565	423	840	19,326	18,986	N	0	0	N	N	—	1	6	41	58
West Virginia	33	58	226	2,531	2,165	N	0	0	N	N	—	0	3	8	13
E.S. Central	988	1,419	1,947	58,535	56,149	—	0	0	—	—	—	3	12	143	186
Alabama§	—	391	756	16,054	12,807	N	0	0	N	N	—	1	10	62	21
Kentucky	138	160	402	6,575	7,163	N	0	0	N	N	—	1	8	31	126
Mississippi	348	374	802	15,244	17,348	—	0	0	—	—	—	0	3	14	2
Tennessee§	502	510	606	20,662	18,831	N	0	0	N	N	—	1	5	36	37
W.S. Central	1,239	2,194	3,605	88,895	89,206	—	0	1	1	—	1	4	29	205	200
Arkansas	176	158	335	6,661	7,039	—	0	0	—	—	1	0	2	19	4
Louisiana	147	265	761	11,513	13,818	—	0	1	1	N	—	0	9	51	76
Oklahoma	—	221	2,159	9,591	9,340	N	0	0	N	N	—	1	4	32	37
Texas§	916	1,454	1,844	61,130	59,009	N	0	0	N	N	—	1	20	103	83
Mountain	829	1,032	1,839	40,626	50,507	57	114	452	4,560	2,271	4	3	39	317	118
Arizona	569	368	881	15,113	17,224	54	111	448	4,454	2,187	—	0	3	22	9
Colorado	84	156	482	4,811	12,296	N	0	0	N	N	2	1	7	60	41
Idaho§	97	50	191	2,333	2,050	N	0	0	N	N	—	0	5	30	14
Montana	64	43	195	2,033	1,884	N	0	0	N	N	1	0	26	124	16
Nevada§	—	85	432	3,920	5,745	3	1	4	52	49	1	0	1	9	11
New Mexico§	—	172	339	7,422	6,737	—	0	3	13	16	—	0	4	18	13
Utah	—	93	170	3,887	3,645	—	1	3	39	16	—	0	3	16	11
Wyoming	15	27	54	1,107	926	—	0	2	2	3	—	0	11	38	3
Pacific	1,934	3,315	5,079	133,907	134,362	25	43	1,179	1,942	1,201	1	2	52	67	287
Alaska	59	82	152	3,338	3,438	—	0	0	—	—	—	0	1	4	3
California	1,453	2,570	4,231	105,091	104,205	25	43	1,179	1,942	1,201	—	0	14	—	166
Hawaii	—	103	135	4,156	4,484	N	0	0	N	N	—	0	1	4	1
Oregon§	158	170	315	7,089	7,178	N	0	0	N	N	1	1	6	59	63
Washington	264	350	604	14,233	15,057	N	0	0	N	N	—	0	38	—	54
American Samoa	U	0	46	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	18	27	—	684	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	74	161	2,945	3,386	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	5	16	178	196	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	236	321	1,029	13,540	15,490	4,741	6,539	14,136	267,441	265,834	34	40	142	1,648	1,834
New England	7	24	75	995	1,406	164	108	288	4,557	4,610	—	2	19	129	140
Connecticut	—	0	37	222	303	112	42	241	1,875	1,950	—	0	9	40	42
Maine†	2	2	13	139	177	—	2	6	101	114	—	0	4	17	8
Massachusetts	—	9	18	357	630	39	47	86	1,974	2,004	—	1	7	52	69
New Hampshire	1	0	9	25	53	3	4	9	159	135	—	0	2	7	8
Rhode Island	1	0	25	97	86	9	8	19	393	359	—	0	7	4	7
Vermont†	3	3	12	155	157	1	1	4	55	48	—	0	2	9	6
Mid. Atlantic	44	62	254	2,602	2,804	595	648	1,014	26,149	27,249	7	8	30	341	352
New Jersey	—	8	13	297	370	92	102	143	3,993	4,633	—	1	4	45	72
New York (Upstate)	35	24	227	971	969	158	123	455	5,098	5,464	4	2	27	112	100
New York City	—	15	29	696	743	164	173	380	7,823	8,238	1	1	6	66	65
Pennsylvania	9	15	29	638	722	181	218	399	9,235	8,914	2	3	8	118	115
E.N. Central	31	48	86	1,989	2,756	748	1,287	7,047	52,066	52,990	3	5	14	222	313
Illinois	—	9	21	357	645	205	381	710	15,859	16,022	—	1	6	47	104
Indiana	N	0	0	N	N	215	161	237	7,099	6,574	—	1	11	66	55
Michigan	5	14	24	541	658	251	261	5,880	11,907	8,940	—	0	3	18	19
Ohio	26	16	32	668	648	29	322	648	11,763	16,739	3	2	6	68	95
Wisconsin	—	10	40	423	805	48	132	172	5,438	4,715	—	0	4	23	40
W.N. Central	8	29	260	1,483	1,713	216	366	436	14,936	15,117	10	2	15	126	92
Iowa	—	5	15	232	232	15	35	54	1,422	1,285	—	0	1	1	—
Kansas	2	3	11	159	168	30	43	124	1,603	2,090	—	0	3	14	11
Minnesota	—	1	238	478	696	—	62	105	2,278	2,801	7	0	9	66	38
Missouri	5	10	32	441	399	141	190	251	8,126	7,641	1	0	6	31	29
Nebraska†	—	2	8	95	107	18	23	56	1,101	937	—	0	2	7	12
North Dakota	1	0	7	15	13	1	3	7	98	82	2	0	3	7	2
South Dakota	—	1	7	63	98	11	6	15	308	281	—	0	0	—	—
S. Atlantic	51	49	105	2,062	2,241	1,342	1,572	2,334	66,098	63,242	9	10	26	428	432
Delaware	—	1	4	35	47	33	27	44	1,193	706	—	0	1	1	—
District of Columbia	—	1	5	53	42	49	33	61	1,326	1,708	1	0	1	5	7
Florida	44	18	40	890	796	384	438	554	18,732	16,155	2	3	9	135	106
Georgia	1	10	44	427	600	12	309	1,014	12,093	11,975	2	2	12	82	93
Maryland†	6	3	11	171	172	147	127	186	5,316	5,641	2	1	5	59	60
North Carolina	N	0	0	N	N	324	298	766	14,130	12,573	2	0	9	48	68
South Carolina†	—	1	7	83	91	168	135	704	7,090	7,011	—	0	3	28	30
Virginia†	—	9	50	380	458	211	130	288	5,438	6,903	—	1	8	50	44
West Virginia	—	0	6	23	35	14	18	42	780	570	—	0	4	20	24
E.S. Central	8	8	41	403	341	441	564	863	23,722	22,451	1	2	7	86	98
Alabama†	—	5	29	215	155	—	183	310	7,428	7,304	—	0	5	21	17
Kentucky	N	0	0	N	N	72	55	132	2,377	2,473	—	0	1	4	11
Mississippi	—	0	0	—	—	165	141	436	6,032	5,746	—	0	1	3	—
Tennessee†	8	4	12	188	186	204	188	237	7,885	6,928	1	1	4	58	70
W.S. Central	13	6	31	241	270	594	910	1,430	38,514	36,302	1	1	15	59	98
Arkansas	6	2	8	106	73	110	83	142	3,463	3,685	—	0	2	7	7
Louisiana	—	0	5	25	55	110	161	354	7,060	7,618	—	0	2	9	32
Oklahoma	7	2	24	110	142	—	79	764	3,575	3,696	1	1	14	41	52
Texas†	N	0	0	N	N	374	556	912	24,416	21,303	—	0	2	2	7
Mountain	29	30	65	1,347	1,236	201	216	552	9,165	10,890	3	3	8	164	187
Arizona	1	3	36	134	122	145	92	201	3,777	3,933	2	1	7	76	94
Colorado	11	9	33	450	421	44	41	90	1,691	2,603	1	1	4	43	38
Idaho†	3	3	12	152	126	7	3	15	139	84	—	0	1	4	4
Montana	5	2	11	90	62	5	2	20	159	128	—	0	0	—	—
Nevada†	—	2	8	82	91	—	25	194	1,288	2,250	—	0	1	—	14
New Mexico†	—	1	6	50	76	—	30	64	1,348	1,258	—	0	4	22	21
Utah	8	7	19	358	318	—	17	25	666	571	—	0	4	16	9
Wyoming	1	1	4	31	20	—	2	6	97	63	—	0	1	3	7
Pacific	45	59	202	2,418	2,723	440	806	963	32,234	32,983	—	2	15	93	122
Alaska	7	1	15	82	93	3	11	23	462	474	—	0	2	9	26
California	27	42	105	1,689	1,932	324	660	830	26,547	27,472	—	0	9	21	50
Hawaii	—	1	3	39	55	—	18	29	741	834	—	0	1	14	8
Oregon†	6	8	14	322	354	38	28	58	1,084	1,224	—	1	6	47	38
Washington	5	6	90	286	289	75	74	142	3,400	2,979	—	0	4	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	11	—	2	15	—	71	—	0	2	—	9
Puerto Rico	—	1	12	62	220	—	5	16	188	297	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	0	5	30	45	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	Hepatitis (viral, acute), by type: A — Current week	A — Previous 52 weeks Med	A — Previous 52 weeks Max	A — Cum 2006	A — Cum 2005	Hepatitis (viral, acute), by type: B — Current week	B — Previous 52 weeks Med	B — Previous 52 weeks Max	B — Cum 2006	B — Cum 2005	Legionellosis — Current week	Legionellosis — Previous 52 weeks Med	Legionellosis — Previous 52 weeks Max	Legionellosis — Cum 2006	Legionellosis — Cum 2005
United States	51	68	245	2,614	3,414	39	85	597	3,248	4,229	42	45	127	1,864	1,708
New England	2	3	20	149	392	—	2	9	79	123	1	2	12	105	121
Connecticut	1	1	2	35	44	—	0	3	27	39	1	0	9	41	22
Maine†	—	0	2	6	3	—	0	2	16	12	—	0	2	8	6
Massachusetts	—	1	13	51	253	—	0	5	14	42	—	0	4	27	59
New Hampshire	1	0	16	37	76	—	0	2	12	25	—	0	1	1	9
Rhode Island	—	0	4	11	10	—	0	4	9	1	—	0	10	21	16
Vermont†	—	0	2	9	6	—	0	1	1	4	—	0	2	7	9
Mid. Atlantic	9	6	16	288	554	1	8	55	332	544	16	15	46	696	586
New Jersey	—	2	7	61	119	—	2	8	80	199	—	2	10	83	102
New York (Upstate)	7	1	14	75	84	—	1	43	49	48	11	5	30	271	147
New York City	1	2	10	99	267	—	2	5	69	115	—	2	9	97	90
Pennsylvania	1	1	5	53	84	1	3	9	134	182	5	5	18	245	247
E.N. Central	5	6	12	243	299	4	8	24	328	467	5	9	24	364	353
Illinois	—	1	4	50	108	—	1	7	58	136	—	0	4	21	47
Indiana	2	0	5	26	16	—	0	17	45	33	1	0	3	25	26
Michigan	1	2	8	92	92	1	3	7	111	151	—	2	7	100	95
Ohio	2	0	4	47	43	3	2	10	106	108	4	4	19	183	154
Wisconsin	—	1	3	28	40	—	0	4	8	39	—	0	5	35	31
W.N. Central	7	2	30	112	75	5	4	22	131	219	5	1	15	60	67
Iowa	—	0	2	8	18	—	0	3	14	23	—	0	3	10	5
Kansas	—	0	5	25	15	1	0	2	9	24	—	0	2	4	2
Minnesota	7	0	29	16	3	1	0	13	18	29	5	0	11	17	16
Missouri	—	1	3	38	28	1	2	7	74	114	—	0	3	18	25
Nebraska†	—	0	3	17	11	2	0	2	15	22	—	0	2	7	3
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	2
South Dakota	—	0	3	8	—	—	0	1	1	7	—	0	6	4	14
S. Atlantic	13	10	29	451	601	17	23	66	937	1,137	11	9	19	345	325
Delaware	—	0	2	10	5	—	1	4	36	26	1	0	2	9	15
District of Columbia	—	0	2	6	4	—	0	2	5	10	—	0	5	19	9
Florida	3	4	13	178	239	7	8	19	340	397	5	3	9	137	92
Georgia	2	1	7	53	113	—	3	7	132	173	—	0	4	15	30
Maryland†	1	1	6	54	61	2	3	10	135	130	3	1	7	72	92
North Carolina	6	0	20	73	71	6	0	23	129	128	1	0	5	30	24
South Carolina†	1	0	3	22	35	2	2	7	69	125	—	0	1	3	12
Virginia†	—	1	11	50	69	—	1	18	45	116	1	1	7	50	36
West Virginia	—	0	3	5	4	—	0	18	46	32	—	0	3	10	15
E.S. Central	—	2	8	102	220	1	6	15	257	301	—	1	9	75	70
Alabama†	—	0	3	13	42	—	1	8	79	76	—	0	2	9	13
Kentucky	—	0	5	31	23	1	1	5	60	58	—	0	4	28	25
Mississippi	—	0	1	5	17	—	0	2	11	44	—	0	1	1	3
Tennessee†	—	1	5	53	138	—	2	8	107	123	—	1	7	37	29
W.S. Central	1	3	77	146	389	1	14	315	596	515	—	0	32	43	39
Arkansas	1	0	9	37	16	—	1	4	40	59	—	0	3	3	5
Louisiana	—	0	4	15	57	—	0	4	28	64	—	0	2	4	1
Oklahoma	—	0	2	6	4	1	0	17	53	39	—	0	3	1	7
Texas†	—	2	73	88	312	—	11	295	475	353	—	0	26	35	26
Mountain	3	5	18	219	279	2	4	39	145	448	4	2	8	104	85
Arizona	3	2	16	131	154	—	1	23	34	285	2	1	5	35	21
Colorado	—	1	4	33	35	—	1	5	29	48	—	0	2	21	19
Idaho†	—	0	2	9	21	—	0	2	10	15	—	0	3	11	4
Montana	—	0	3	9	7	—	0	7	—	3	—	0	1	5	5
Nevada†	—	0	2	11	20	—	1	5	30	44	1	0	2	8	17
New Mexico†	—	0	3	12	22	—	0	2	16	18	—	0	1	5	3
Utah	—	0	2	11	19	2	0	5	26	33	1	0	1	19	12
Wyoming	—	0	1	3	1	—	0	1	—	2	—	0	0	—	4
Pacific	11	19	163	904	605	8	9	61	443	475	—	1	9	72	62
Alaska	—	0	0	—	4	—	0	1	5	7	—	0	1	—	—
California	10	15	162	816	502	8	7	41	336	316	—	1	9	72	59
Hawaii	—	0	2	9	21	—	0	1	6	7	—	0	0	—	3
Oregon†	1	0	5	39	39	—	1	5	57	87	N	0	0	N	N
Washington	—	1	13	40	39	—	0	18	39	58	—	0	0	—	—
American Samoa	U	0	0	U	1	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	2	—	0	0	—	18	—	0	0	—	—
Puerto Rico	—	0	5	23	59	—	1	8	24	40	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	156	240	2,153	13,810	18,468	4	25	125	993	1,155
New England	38	34	780	2,376	3,219	—	1	11	44	65
Connecticut	19	13	753	1,575	522	—	0	3	11	16
Maine†	17	1	34	208	224	—	0	1	4	5
Massachusetts	—	1	35	33	2,193	—	0	3	19	36
New Hampshire	2	5	72	472	201	—	0	3	9	5
Rhode Island	—	0	5	1	32	—	0	8	—	2
Vermont†	—	1	14	87	47	—	0	1	1	1
Mid. Atlantic	67	151	1,176	7,910	10,725	—	5	13	214	311
New Jersey	—	20	168	1,656	3,174	—	1	3	28	70
New York (Upstate)	60	70	1,150	3,361	3,280	—	1	11	37	43
New York City	—	0	17	104	358	—	2	9	112	167
Pennsylvania	7	39	229	2,789	3,913	—	1	3	37	31
E.N. Central	1	9	143	1,243	1,634	—	2	7	103	124
Illinois	—	0	2	—	120	—	1	4	42	67
Indiana	—	0	3	16	27	—	0	3	9	4
Michigan	1	1	6	45	47	—	0	2	16	19
Ohio	—	1	5	37	51	—	0	3	27	23
Wisconsin	—	9	138	1,145	1,389	—	0	3	9	11
W.N. Central	30	6	168	528	722	—	0	32	34	44
Iowa	—	0	8	77	90	—	0	1	1	8
Kansas	—	0	2	4	3	—	0	2	7	6
Minnesota	29	4	167	427	611	—	0	30	14	11
Missouri	—	0	2	10	13	—	0	1	6	16
Nebraska†	1	0	1	9	3	—	0	1	4	3
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	2	—	0	1	1	—
S. Atlantic	15	28	110	1,482	1,946	2	7	16	270	248
Delaware	2	8	28	421	587	—	0	1	5	3
District of Columbia	5	0	7	46	8	—	0	2	3	8
Florida	—	1	5	35	34	—	1	6	52	43
Georgia	—	0	1	3	5	—	1	6	70	44
Maryland†	4	13	67	706	1,036	—	1	5	57	90
North Carolina	—	0	4	25	44	2	0	8	27	25
South Carolina†	—	0	2	14	19	—	0	2	9	8
Virginia†	4	3	25	220	197	—	1	9	45	26
West Virginia	—	0	44	12	16	—	0	2	2	1
E.S. Central	—	0	3	23	32	—	0	3	20	27
Alabama†	—	0	1	7	3	—	0	2	9	4
Kentucky	—	0	2	7	5	—	0	2	3	10
Mississippi	—	0	0	—	—	—	0	1	3	—
Tennessee†	—	0	2	9	24	—	0	2	5	13
W.S. Central	1	0	3	17	72	—	1	31	55	108
Arkansas	—	0	1	—	4	—	0	1	2	6
Louisiana	—	0	0	—	3	—	0	1	4	4
Oklahoma	—	0	0	—	—	—	0	2	7	9
Texas†	1	0	3	17	65	—	1	29	42	89
Mountain	1	0	4	28	20	1	1	9	58	49
Arizona	1	0	2	7	7	1	0	9	20	10
Colorado	—	0	1	5	—	—	0	1	11	24
Idaho†	—	0	2	5	2	—	0	1	1	—
Montana	—	0	0	—	—	—	0	1	2	—
Nevada†	—	0	1	2	3	—	0	1	3	3
New Mexico†	—	0	1	2	3	—	0	1	4	3
Utah	—	0	1	6	2	—	0	2	17	7
Wyoming	—	0	1	1	3	—	0	0	—	2
Pacific	3	4	17	203	98	1	5	13	195	179
Alaska	—	0	1	3	4	—	0	4	23	5
California	3	3	16	187	68	—	4	10	130	131
Hawaii	N	0	0	N	N	—	0	2	4	16
Oregon†	—	0	2	10	18	—	0	1	9	11
Washington	—	0	3	3	8	1	0	5	29	16
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	Meningococcal disease, invasive: All serogroups: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Meningococcal disease, invasive: Serogroup unknown: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Pertussis: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005
United States	10	20	85	869	994	9	13	58	573	609	101	261	2,877	10,421	18,517
New England	2	1	3	37	62	1	0	2	26	22	6	28	83	989	1,126
Connecticut	—	0	2	9	12	—	0	2	2	1	—	1	5	37	56
Maine†	—	0	1	4	2	—	0	1	3	2	—	1	11	69	44
Massachusetts	—	0	2	15	28	—	0	2	15	5	—	18	43	594	854
New Hampshire	1	0	2	6	12	1	0	2	6	12	1	2	36	144	65
Rhode Island	1	0	1	1	3	—	0	0	—	—	2	0	17	47	29
Vermont†	—	0	1	2	5	—	0	0	—	2	3	1	14	98	78
Mid. Atlantic	1	3	13	131	125	1	2	11	100	95	23	34	137	1,466	1,096
New Jersey	—	0	2	11	29	—	0	2	11	29	—	3	13	163	151
New York (Upstate)	—	1	7	31	34	—	0	5	4	12	15	15	123	674	417
New York City	1	1	4	52	20	1	1	4	52	20	—	1	8	64	92
Pennsylvania	—	1	5	37	42	—	0	5	33	34	8	12	26	565	436
E.N. Central	3	3	11	101	127	3	1	6	70	104	17	40	133	1,498	3,149
Illinois	—	0	4	18	27	—	0	4	18	27	—	7	27	230	747
Indiana	—	0	5	20	18	—	0	1	7	8	—	4	75	189	254
Michigan	—	0	3	19	29	—	0	3	8	18	8	8	33	452	255
Ohio	3	1	5	41	32	3	1	4	34	30	9	14	30	484	947
Wisconsin	—	0	2	3	21	—	0	2	3	21	—	4	29	143	946
W.N. Central	—	1	4	47	66	—	0	3	16	29	11	26	552	996	3,091
Iowa	—	0	2	14	15	—	0	1	6	1	—	6	43	212	839
Kansas	—	0	1	1	9	—	0	1	1	9	7	6	28	249	362
Minnesota	—	0	2	12	13	—	0	1	3	5	—	0	485	161	966
Missouri	—	0	2	13	22	—	0	1	2	11	2	7	42	251	385
Nebraska†	—	0	2	5	4	—	0	1	3	3	2	2	9	77	240
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	25	26	127
South Dakota	—	0	1	1	3	—	0	0	—	—	—	0	4	20	172
S. Atlantic	—	3	14	152	186	—	2	7	63	79	2	20	46	797	1,181
Delaware	—	0	1	4	4	—	0	1	4	4	—	0	1	3	15
District of Columbia	—	0	1	1	5	—	0	1	1	4	—	0	3	6	7
Florida	—	1	6	59	72	—	0	5	21	29	—	4	9	176	178
Georgia	—	0	2	14	14	—	0	2	14	14	—	0	3	17	41
Maryland†	—	0	2	11	19	—	0	1	2	3	2	3	9	101	169
North Carolina	—	0	11	24	28	—	0	3	7	6	—	0	22	155	98
South Carolina†	—	0	2	18	13	—	0	2	8	8	—	4	22	145	334
Virginia†	—	0	4	15	25	—	0	3	6	9	—	2	27	155	296
West Virginia	—	0	2	6	6	—	0	0	—	2	—	0	9	39	43
E.S. Central	1	1	4	33	49	1	1	4	27	38	—	7	25	302	443
Alabama†	—	0	1	5	5	—	0	1	4	3	—	1	16	83	74
Kentucky	1	0	2	8	17	1	0	2	8	17	—	1	5	53	132
Mississippi	—	0	1	3	5	—	0	1	3	5	—	1	4	37	48
Tennessee†	—	0	2	17	22	—	0	2	12	13	—	2	10	129	189
W.S. Central	—	1	23	52	96	—	0	6	23	24	11	17	360	578	1,925
Arkansas	—	0	3	9	13	—	0	2	6	3	6	2	21	61	260
Louisiana	—	0	2	6	29	—	0	1	3	6	—	0	3	13	44
Oklahoma	—	0	4	8	14	—	0	0	—	2	—	0	124	18	1
Texas†	—	1	16	29	40	—	0	4	14	13	5	13	215	486	1,620
Mountain	—	1	5	58	82	—	0	4	27	23	24	60	230	2,169	3,394
Arizona	—	0	3	16	31	—	0	3	16	10	1	9	177	422	838
Colorado	—	0	2	19	17	—	0	1	2	—	6	18	40	656	1,091
Idaho†	—	0	2	3	6	—	0	2	2	5	—	2	8	80	183
Montana	—	0	1	4	—	—	0	1	2	—	1	2	9	98	552
Nevada†	—	0	1	3	12	—	0	0	—	2	—	0	9	51	46
New Mexico†	—	0	1	4	5	—	0	1	1	4	—	2	6	63	158
Utah	—	0	1	5	11	—	0	0	—	2	16	14	39	735	479
Wyoming	—	0	2	4	—	—	0	2	4	—	—	1	8	64	47
Pacific	3	5	29	258	201	3	5	25	221	195	7	40	1,334	1,626	3,112
Alaska	—	0	1	2	3	—	0	1	2	3	—	1	15	59	122
California	3	3	14	160	131	3	3	14	160	131	—	26	1,136	1,138	1,506
Hawaii	—	0	1	7	11	—	0	1	7	6	—	2	4	68	148
Oregon†	—	1	7	60	37	—	1	4	41	37	—	2	8	94	604
Washington	—	0	25	29	19	—	0	11	11	18	7	7	195	267	732
American Samoa	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	1	—	0	0	—	1	—	0	0	—	2
Puerto Rico	—	0	1	4	7	—	0	1	4	7	—	0	1	1	6
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	97	117	174	5,018	5,004	21	41	246	1,725	1,417	569	809	2,291	32,770	35,542
New England	11	12	26	562	598	—	0	2	2	7	8	29	417	1,602	1,840
Connecticut	7	3	14	172	166	—	0	0	—	—	—	0	409	409	409
Maine†	—	2	7	94	52	N	0	0	N	N	—	2	10	97	142
Massachusetts	—	4	17	178	297	—	0	1	1	5	—	17	53	782	976
New Hampshire	1	0	5	41	12	—	0	1	1	1	2	3	24	175	148
Rhode Island	2	0	4	23	21	—	0	2	—	1	5	0	17	82	81
Vermont†	1	1	5	54	50	—	0	0	—	—	1	1	6	57	84
Mid. Atlantic	15	23	60	1,161	815	—	1	6	64	88	44	83	272	3,986	4,300
New Jersey	N	0	0	N	N	—	0	2	7	27	—	14	43	644	846
New York (Upstate)	15	11	22	467	458	—	0	2	4	1	27	22	233	1,026	1,021
New York City	—	0	5	27	26	—	0	3	16	7	—	23	43	982	1,013
Pennsylvania	—	14	42	667	331	—	1	3	37	53	17	29	67	1,334	1,420
E.N. Central	3	1	18	146	166	1	0	6	34	38	50	97	175	4,119	4,829
Illinois	—	0	7	45	50	—	0	1	3	11	—	25	45	882	1,582
Indiana	—	0	2	11	11	—	0	1	5	—	23	14	67	734	525
Michigan	1	0	5	43	35	—	0	1	2	5	5	17	32	789	784
Ohio	2	0	9	47	70	1	0	4	23	20	22	23	56	1,037	1,125
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	16	27	677	813
W.N. Central	1	5	20	258	289	—	2	15	192	144	47	42	107	2,118	2,151
Iowa	—	1	7	53	—	—	0	1	4	6	—	7	21	343	363
Kansas	—	1	5	66	72	—	0	1	6	5	6	6	16	284	312
Minnesota	1	1	6	38	64	—	0	2	4	2	20	10	60	590	458
Missouri	—	1	6	64	67	—	2	10	156	119	18	14	35	623	669
Nebraska†	—	0	0	—	—	—	0	5	22	7	1	3	8	149	183
North Dakota	—	0	7	16	28	—	0	1	—	—	2	0	46	22	34
South Dakota	—	0	4	21	58	—	0	0	—	5	—	3	7	107	132
S. Atlantic	54	36	118	1,758	1,798	19	20	94	963	716	215	207	450	8,858	9,950
Delaware	—	0	0	—	—	—	0	3	18	7	2	2	9	128	109
District of Columbia	—	0	0	—	—	—	0	1	1	2	—	1	7	51	45
Florida	—	0	99	145	201	3	0	3	18	13	126	95	214	3,742	4,027
Georgia	35	2	54	189	227	—	0	3	29	85	22	27	100	1,345	1,617
Maryland†	—	7	13	254	323	—	1	6	60	64	15	12	29	568	677
North Carolina	8	9	22	426	405	15	18	87	718	385	45	33	130	1,331	1,229
South Carolina†	—	3	11	145	186	—	0	5	30	62	5	20	51	802	1,169
Virginia†	11	11	27	509	404	1	1	13	86	92	—	20	57	788	936
West Virginia	—	1	13	90	52	—	0	2	3	6	—	2	19	103	141
E.S. Central	2	4	16	215	134	1	6	29	310	255	60	52	149	2,376	2,450
Alabama†	2	1	8	71	70	—	1	9	97	67	46	15	71	816	563
Kentucky	—	0	4	25	16	—	0	1	3	3	2	8	23	365	413
Mississippi	—	0	2	4	5	—	0	1	2	14	—	12	39	578	781
Tennessee†	—	2	9	115	43	1	3	21	208	171	12	14	31	617	693
W.S. Central	6	14	34	555	773	—	1	161	105	141	31	82	922	3,079	3,574
Arkansas	—	0	4	26	32	—	0	10	46	102	23	15	47	776	623
Louisiana	—	0	0	—	—	—	0	1	2	6	—	11	32	465	792
Oklahoma	6	1	9	58	69	—	0	154	35	7	8	7	48	411	343
Texas†	—	11	29	471	672	—	0	4	22	26	—	43	839	1,427	1,816
Mountain	2	3	27	183	239	—	1	6	48	26	31	53	86	2,087	1,947
Arizona	—	2	10	120	155	—	0	6	11	13	15	16	67	681	532
Colorado	—	0	1	—	16	—	0	1	2	4	8	12	30	523	490
Idaho†	—	0	25	25	—	—	0	3	13	3	4	3	9	146	121
Montana	—	0	2	13	15	—	0	2	2	1	1	3	16	110	85
Nevada†	—	0	1	1	14	—	0	0	—	—	2	3	20	167	157
New Mexico†	—	0	2	8	9	—	0	2	7	3	—	4	13	188	219
Utah	1	0	1	10	14	—	0	2	6	—	1	5	15	235	268
Wyoming	1	0	2	6	16	—	0	1	7	2	—	1	5	37	75
Pacific	3	3	9	180	192	—	0	1	7	2	83	109	426	4,545	4,501
Alaska	1	0	4	15	1	—	0	0	—	—	—	1	7	62	46
California	2	3	9	145	184	—	0	1	5	—	70	86	292	3,555	3,433
Hawaii	—	0	0	—	—	—	0	0	—	—	—	4	10	190	247
Oregon†	—	0	4	20	7	—	0	1	2	2	1	8	16	343	347
Washington	U	0	0	U	U	N	0	0	N	N	12	8	124	395	428
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	7
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	1	3	—	30
Puerto Rico	—	1	6	66	59	N	0	0	N	N	—	5	35	189	527
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)†					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	56	55	297	2,434	2,645	278	244	1,013	9,804	12,140	30	90	283	3,994	3,752
New England	—	3	63	224	189	—	4	64	214	267	—	4	15	179	241
Connecticut	—	0	62	62	51	—	0	58	58	49	U	0	3	U	85
Maine§	—	0	8	31	28	—	0	2	3	13	—	0	2	16	13
Massachusetts	—	1	9	82	74	—	3	11	128	163	—	2	6	101	108
New Hampshire	—	0	3	24	15	—	0	4	7	12	—	0	9	44	17
Rhode Island	—	0	2	8	5	—	0	6	12	14	—	0	3	6	9
Vermont§	—	0	2	2	16	—	0	2	6	16	—	0	2	12	9
Mid. Atlantic	6	4	107	167	301	3	16	72	687	1,081	6	18	43	770	746
New Jersey	—	0	3	3	64	—	4	26	214	272	—	3	8	123	155
New York (Upstate)	—	0	103	12	115	2	4	60	194	227	4	4	32	258	215
New York City	—	0	4	27	14	—	5	12	208	360	—	3	8	130	144
Pennsylvania	—	0	4	6	108	1	1	5	71	222	2	6	13	259	232
E.N. Central	7	10	55	529	530	14	19	38	745	946	1	14	43	674	777
Illinois	—	1	7	61	123	—	7	14	245	324	—	3	11	144	258
Indiana	3	1	8	74	57	6	2	18	118	135	—	2	11	96	89
Michigan	—	1	7	75	79	—	3	10	124	198	1	3	12	187	186
Ohio	4	3	18	154	135	8	3	11	140	91	—	4	19	205	162
Wisconsin	—	2	40	165	136	—	3	9	118	198	—	1	4	42	82
W.N. Central	7	7	30	354	444	40	35	77	1,341	1,304	1	5	57	288	230
Iowa	—	1	8	109	89	—	2	10	80	73	N	0	0	N	N
Kansas	—	0	3	—	43	2	3	20	115	178	—	1	5	48	35
Minnesota	6	3	27	195	143	16	2	19	158	73	—	0	52	136	89
Missouri	—	2	13	140	85	3	12	69	580	820	1	1	5	62	58
Nebraska§	—	1	8	55	48	3	2	14	115	101	—	0	4	25	19
North Dakota	—	0	15	—	7	16	0	18	87	4	—	0	5	9	9
South Dakota	—	0	5	36	29	—	5	21	206	55	—	0	3	8	20
S. Atlantic	4	7	39	376	341	95	54	138	2,377	1,896	13	22	43	952	755
Delaware	—	0	2	7	9	—	0	2	8	11	—	0	2	10	5
District of Columbia	—	0	1	2	—	—	0	2	14	11	1	0	2	14	8
Florida	1	2	29	78	79	75	26	73	1,185	929	5	6	16	244	196
Georgia	—	1	5	69	47	16	17	57	794	501	2	4	11	180	164
Maryland§	2	1	8	75	68	2	2	10	98	82	2	4	12	173	148
North Carolina	2	1	10	94	46	2	1	21	129	163	2	0	26	140	104
South Carolina§	—	0	2	6	10	—	1	9	71	88	—	1	6	53	31
Virginia§	—	0	8	—	80	—	1	9	74	110	1	2	11	112	77
West Virginia	—	0	5	12	2	—	0	2	4	1	—	0	6	26	22
E.S. Central	1	3	21	191	149	37	13	37	596	1,048	3	3	11	167	150
Alabama§	—	0	5	38	26	20	3	20	208	198	N	0	0	N	N
Kentucky	1	1	12	80	60	12	4	13	196	267	—	0	5	34	30
Mississippi	—	0	0	—	8	—	1	8	65	80	—	0	0	—	—
Tennessee§	—	0	4	24	55	5	3	12	127	503	3	3	9	133	120
W.S. Central	19	1	52	62	88	7	34	596	1,178	2,983	2	7	58	314	264
Arkansas	2	0	7	27	11	2	1	7	85	53	1	0	5	25	17
Louisiana	—	0	1	—	19	—	1	25	98	123	—	0	1	7	5
Oklahoma	17	0	8	35	24	5	3	286	110	545	1	2	14	86	95
Texas§	6	1	44	81	34	—	27	308	885	2,262	—	4	43	196	147
Mountain	2	5	16	248	253	35	23	82	1,087	729	3	11	78	556	500
Arizona	1	2	8	90	23	18	12	32	557	385	—	6	57	292	213
Colorado	1	1	8	88	65	9	3	16	189	132	2	3	8	114	152
Idaho§	6	1	7	68	41	—	0	3	14	15	—	0	2	8	3
Montana	—	0	1	—	14	4	0	10	27	5	—	0	0	—	—
Nevada§	—	0	4	21	18	—	1	20	98	47	—	0	3	13	8
New Mexico§	—	0	1	4	23	—	2	12	127	103	—	1	7	64	70
Utah	—	1	14	105	61	4	1	6	67	37	1	1	7	62	50
Wyoming	—	0	3	17	8	—	0	3	8	5	—	0	1	3	4
Pacific	10	7	55	283	350	47	38	148	1,579	1,886	1	2	9	94	89
Alaska	—	0	1	—	9	—	0	2	9	11	—	0	0	—	—
California	8	4	18	177	112	43	31	104	1,294	1,627	—	0	0	—	—
Hawaii	—	0	2	12	10	1	1	4	38	29	1	2	9	94	89
Oregon§	—	2	47	107	137	—	2	31	112	114	N	0	0	N	N
Washington	2	1	32	94	82	3	2	43	126	105	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	7	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	3	—	16	—	0	0	—	—
Puerto Rico	—	0	0	—	2	—	0	2	12	6	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-0157; and Shiga toxin positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	23	52	334	2,052	2,091	109	173	334	7,149	6,830	518	802	3,204	32,811	22,632
New England	—	1	24	30	177	4	4	17	168	167	26	36	144	1,201	4,259
Connecticut	U	0	7	U	74	2	0	11	36	37	U	0	58	U	1,274
Maine†	—	0	2	8	N	—	0	2	8	1	—	4	20	151	252
Massachusetts	—	0	6	—	77	2	2	6	103	102	—	0	54	94	1,909
New Hampshire	—	0	0	—	—	—	0	2	10	13	3	7	47	393	258
Rhode Island	—	0	11	10	17	—	0	6	9	13	—	0	0	—	—
Vermont†	—	0	2	12	9	—	0	1	2	1	23	12	50	563	566
Mid. Atlantic	3	3	15	131	173	12	21	35	908	834	88	103	183	3,842	3,791
New Jersey	N	0	0	N	N	3	3	7	135	113	—	0	0	—	—
New York (Upstate)	2	1	10	47	66	4	2	14	125	64	—	0	0	—	—
New York City	U	0	0	U	U	—	10	23	431	500	—	0	0	—	—
Pennsylvania	1	2	9	84	107	5	5	12	217	157	88	103	183	3,842	3,791
E.N. Central	—	11	41	456	520	10	18	38	709	731	188	237	587	11,717	4,705
Illinois	—	0	3	15	27	1	8	23	326	408	—	2	7	68	81
Indiana	—	2	21	123	162	2	1	4	72	54	—	0	475	475	251
Michigan	—	0	4	17	35	7	2	19	98	65	56	102	174	3,467	2,841
Ohio	—	6	32	301	296	—	4	8	162	174	130	99	420	7,063	1,177
Wisconsin	N	0	0	N	N	—	1	4	51	30	2	13	52	644	355
W.N. Central	1	1	191	96	35	5	5	11	205	206	14	24	84	1,168	389
Iowa	N	0	0	N	N	—	0	2	14	8	N	0	0	N	N
Kansas	N	0	0	N	N	3	0	2	20	15	4	0	8	32	—
Minnesota	—	0	191	60	—	—	0	3	21	59	—	0	0	—	—
Missouri	1	1	3	35	28	2	3	8	134	119	10	20	82	1,035	267
Nebraska†	—	0	0	—	2	—	0	1	3	4	—	0	0	—	—
North Dakota	—	0	1	—	2	—	0	1	1	—	—	0	25	44	25
South Dakota	—	0	1	1	3	—	0	3	12	1	—	1	12	57	97
S. Atlantic	17	26	53	1,073	864	31	41	186	1,704	1,694	24	88	860	3,482	1,815
Delaware	—	0	2	—	1	—	0	2	16	10	—	1	5	54	28
District of Columbia	2	0	3	25	13	2	2	9	103	89	—	0	5	34	33
Florida	12	13	36	599	470	13	15	23	602	582	—	0	0	—	—
Georgia	3	8	29	354	279	—	7	147	291	369	—	0	0	—	—
Maryland†	—	0	0	—	—	5	5	19	243	254	—	0	0	—	—
North Carolina	N	0	0	N	N	4	5	17	245	213	—	0	0	—	—
South Carolina†	—	0	0	—	—	2	1	6	58	63	7	15	53	849	477
Virginia†	N	0	0	N	N	5	3	12	141	111	—	31	812	1,332	409
West Virginia	—	1	14	95	101	—	0	1	5	3	17	27	70	1,213	868
E.S. Central	2	3	13	159	146	8	13	25	585	378	—	1	70	94	140
Alabama†	N	0	0	N	N	—	5	19	255	123	—	1	70	93	140
Kentucky	—	0	5	30	26	2	1	8	58	41	N	0	0	N	N
Mississippi	—	0	0	—	1	—	1	6	53	39	—	0	1	1	—
Tennessee†	2	3	13	129	119	6	5	13	219	175	N	0	0	N	N
W.S. Central	—	0	5	18	101	31	28	53	1,266	1,003	112	185	1,757	9,127	5,388
Arkansas	—	0	3	12	12	—	1	5	60	44	14	8	110	667	3
Louisiana	—	0	4	6	89	10	4	27	225	212	—	0	8	48	112
Oklahoma	N	0	0	N	N	—	1	6	59	31	—	0	0	—	—
Texas†	N	0	0	N	N	21	21	36	922	716	98	170	1,647	8,412	5,273
Mountain	—	2	8	89	75	—	7	25	326	352	66	54	138	2,180	2,145
Arizona	N	0	0	N	N	—	3	16	145	145	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	33	41	30	32	76	1,182	1,493
Idaho†	N	0	0	N	N	—	0	1	2	20	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	1	5	—	0	2	2	—
Nevada†	—	0	3	12	29	—	1	12	85	91	—	0	3	7	2
New Mexico†	—	0	1	1	—	—	1	5	52	42	—	3	34	308	180
Utah	—	0	8	35	23	—	0	1	8	8	36	11	55	646	418
Wyoming	—	1	4	41	23	—	0	0	—	—	—	0	8	35	52
Pacific	—	0	0	—	—	8	34	51	1,278	1,465	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	9	6	—	0	0	—	—
California	N	0	0	N	N	2	28	41	1,092	1,304	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	15	9	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	14	26	N	0	0	N	N
Washington	N	0	0	N	N	6	2	10	148	120	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	3	—	4	12	—	398
Puerto Rico	N	0	0	N	N	—	1	10	86	175	—	8	47	284	568
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 21, 2006, and October 22, 2005 (42nd Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	1	1	168	1,276	1,287	—	1	375	2,224	1,675
New England	—	0	3	9	9	—	0	2	3	4
Connecticut	—	0	3	7	4	—	0	1	2	2
Maine§	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	2	4	—	0	1	1	2
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	1	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	6	18	47	—	0	3	6	22
New Jersey	—	0	2	2	3	—	0	1	2	3
New York (Upstate)	—	0	0	—	19	—	0	0	—	5
New York City	—	0	4	8	11	—	0	2	3	3
Pennsylvania	—	0	2	8	14	—	0	1	1	11
E.N. Central	—	0	37	211	258	—	0	20	88	156
Illinois	—	0	21	114	136	—	0	17	64	115
Indiana	—	0	5	22	11	—	0	2	5	12
Michigan	—	0	9	33	54	—	0	1	2	8
Ohio	—	0	11	31	46	—	0	3	9	15
Wisconsin	—	0	2	11	11	—	0	2	8	6
W.N. Central	—	0	33	205	167	—	0	74	398	463
Iowa	—	0	3	18	14	—	0	4	12	23
Kansas	—	0	3	16	15	—	0	3	11	N
Minnesota	—	0	6	30	18	—	0	7	35	27
Missouri	—	0	13	46	17	—	0	2	11	13
Nebraska§	—	0	8	38	55	—	0	30	138	133
North Dakota	—	0	5	20	12	—	0	28	116	74
South Dakota	—	0	7	37	36	—	0	22	75	193
S. Atlantic	—	0	2	12	33	—	0	4	6	27
Delaware	—	0	0	—	1	—	0	1	—	—
District of Columbia	—	0	0	—	3	—	0	1	1	2
Florida	—	0	1	3	10	—	0	0	—	11
Georgia	—	0	1	2	9	—	0	3	4	10
Maryland§	—	0	2	6	4	—	0	1	1	1
North Carolina	—	0	0	—	2	—	0	0	—	2
South Carolina§	—	0	1	—	4	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	0	—	1
West Virginia	—	0	1	1	—	N	0	0	N	N
E.S. Central	—	0	14	97	64	—	0	15	90	38
Alabama§	—	0	2	6	6	—	0	0	—	4
Kentucky	—	0	1	3	5	—	0	1	1	—
Mississippi	—	0	10	77	39	—	0	15	87	31
Tennessee§	—	0	5	11	14	—	0	2	2	3
W.S. Central	—	1	59	326	265	—	0	26	178	148
Arkansas	—	0	4	21	12	—	0	2	5	15
Louisiana	—	0	14	82	112	—	0	8	65	54
Oklahoma	—	0	6	25	17	—	0	4	16	13
Texas§	—	1	38	198	124	—	0	15	92	66
Mountain	1	0	60	323	141	—	0	220	1,237	237
Arizona	1	0	8	42	49	—	0	11	43	58
Colorado	—	0	10	60	21	—	0	48	250	85
Idaho§	—	0	29	108	3	—	0	149	710	10
Montana	—	0	3	12	8	—	0	7	21	17
Nevada§	—	0	9	34	14	—	0	13	75	17
New Mexico§	—	0	1	1	19	—	0	1	3	13
Utah	—	0	8	51	21	—	0	17	95	31
Wyoming	—	0	7	15	6	—	0	8	40	6
Pacific	—	0	15	75	303	—	0	45	218	580
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	15	71	302	—	0	33	173	574
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	2	4	1	—	0	12	42	6
Washington	—	0	0	—	—	—	0	2	3	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending October 21, 2006 (42nd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	570	398	122	22	14	14	45
Boston, MA	160	99	37	9	9	6	13
Bridgeport, CT	28	22	5	1	—	—	3
Cambridge, MA	12	9	3	—	—	—	1
Fall River, MA	30	23	4	1	—	2	4
Hartford, CT	61	39	18	1	2	1	7
Lowell, MA	16	15	1	—	—	—	1
Lynn, MA	12	9	2	1	—	—	1
New Bedford, MA	28	22	4	1	1	—	2
New Haven, CT	30	25	5	—	—	—	2
Providence, RI	57	41	10	2	1	3	7
Somerville, MA	4	4	—	—	—	—	—
Springfield, MA	32	19	10	1	—	2	1
Waterbury, CT	32	19	11	1	1	—	2
Worcester, MA	68	52	12	4	—	—	1
Mid. Atlantic	2,057	1,396	458	123	40	39	105
Albany, NY	58	45	6	2	2	3	2
Allentown, PA	24	19	4	1	—	—	—
Buffalo, NY	92	69	17	3	1	2	11
Camden, NJ	19	10	5	4	—	—	—
Elizabeth, NJ	15	14	—	1	—	—	1
Erie, PA	33	24	7	1	—	1	3
Jersey City, NJ	20	10	8	2	—	—	2
New York City, NY	1,052	719	232	65	19	17	49
Newark, NJ	42	15	11	12	1	2	—
Paterson, NJ	14	11	1	1	—	1	—
Philadelphia, PA	311	189	83	20	13	6	7
Pittsburgh, PA§	30	19	8	2	1	—	1
Reading, PA	30	24	6	—	—	—	3
Rochester, NY	115	84	24	2	1	4	12
Schenectady, NY	31	22	7	1	1	—	2
Scranton, PA	24	17	6	1	—	—	1
Syracuse, NY	85	61	16	4	1	3	9
Trenton, NJ	24	17	7	—	—	—	1
Utica, NY	14	12	2	—	—	—	1
Yonkers, NY	24	15	8	1	—	—	—
E.N. Central	2,015	1,307	444	154	53	57	119
Akron, OH	41	27	9	3	—	2	1
Canton, OH	35	26	6	2	—	1	2
Chicago, IL	382	211	99	51	14	7	20
Cincinnati, OH	85	53	20	5	3	4	10
Cleveland, OH	230	167	42	12	3	6	15
Columbus, OH	190	119	42	20	7	2	13
Dayton, OH	91	66	17	5	1	2	2
Detroit, MI	165	82	49	16	8	10	10
Evansville, IN	42	28	12	2	—	—	7
Fort Wayne, IN	65	43	12	2	5	3	—
Gary, IN	18	7	6	2	1	2	—
Grand Rapids, MI	49	38	4	1	1	5	5
Indianapolis, IN	192	115	51	20	4	2	9
Lansing, MI	48	37	7	2	2	—	4
Milwaukee, WI	101	70	21	6	—	4	4
Peoria, IL	50	43	6	—	1	—	1
Rockford, IL	56	41	10	2	1	2	3
South Bend, IN	33	21	9	1	1	1	—
Toledo, OH	102	76	19	2	1	4	9
Youngstown, OH	40	37	3	—	—	—	4
W.N. Central	692	451	163	41	13	21	31
Des Moines, IA	78	56	16	2	2	2	5
Duluth, MN	40	33	7	—	—	—	4
Kansas City, KS	26	14	8	3	1	—	1
Kansas City, MO	107	66	24	8	3	6	4
Lincoln, NE	40	30	10	—	—	—	4
Minneapolis, MN	58	38	14	1	2	3	3
Omaha, NE	84	58	20	5	—	1	4
St. Louis, MO	94	41	29	13	3	5	2
St. Paul, MN	69	47	16	3	2	1	3
Wichita, KS	96	68	19	6	—	3	1
S. Atlantic	1,234	765	258	138	43	29	75
Atlanta, GA	125	88	26	3	5	3	3
Baltimore, MD	172	91	47	23	7	4	14
Charlotte, NC	110	78	12	15	2	3	7
Jacksonville, FL	170	77	25	46	15	7	4
Miami, FL	110	67	23	14	5	1	12
Norfolk, VA	58	38	16	2	1	1	1
Richmond, VA	63	38	17	5	1	1	5
Savannah, GA	60	46	10	1	1	2	2
St. Petersburg, FL	51	42	8	1	—	—	6
Tampa, FL	191	126	46	17	2	—	15
Washington, D.C.	104	57	25	11	4	7	1
Wilmington, DE	20	17	3	—	—	—	5
E.S. Central	832	535	198	50	21	28	58
Birmingham, AL	165	109	32	11	5	8	13
Chattanooga, TN	68	46	13	5	1	3	4
Knoxville, TN	89	57	21	6	4	1	3
Lexington, KY	83	55	19	5	3	1	4
Memphis, TN	197	115	60	12	2	8	18
Mobile, AL	39	29	8	1	—	1	4
Montgomery, AL	64	40	19	4	1	—	6
Nashville, TN	127	84	26	6	5	6	6
W.S. Central	1,271	798	306	93	28	46	65
Austin, TX	97	57	28	7	3	2	3
Baton Rouge, LA	12	8	2	—	—	2	—
Corpus Christi, TX	45	26	13	3	—	3	5
Dallas, TX	175	93	56	13	3	10	7
El Paso, TX	95	67	18	7	—	3	4
Fort Worth, TX	98	70	18	4	1	5	1
Houston, TX	237	133	61	26	10	7	16
Little Rock, AR	79	43	25	3	3	5	—
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	253	179	44	18	7	5	20
Shreveport, LA	64	43	14	6	—	1	8
Tulsa, OK	116	79	27	6	1	3	1
Mountain	967	640	201	69	43	14	54
Albuquerque, NM	109	88	12	4	5	—	8
Boise, ID	51	35	9	4	1	2	3
Colorado Springs, CO	65	48	10	3	2	2	5
Denver, CO	100	64	25	7	2	2	6
Las Vegas, NV	258	171	63	15	6	3	14
Ogden, UT	32	19	4	8	1	—	—
Phoenix, AZ	184	97	48	18	17	4	8
Pueblo, CO	27	19	6	—	2	—	—
Salt Like City, UT	141	99	24	10	7	1	10
Tucson, AZ	U	U	U	U	U	U	U
Pacific	1,521	1,013	353	101	35	18	102
Berkeley, CA	19	13	6	—	—	—	1
Fresno, CA	95	58	28	6	2	1	10
Glendale, CA	9	6	3	—	—	—	—
Honolulu, HI	63	46	11	4	1	1	5
Long Beach, CA	57	35	13	5	2	2	6
Los Angeles, CA	113	42	41	22	7	1	3
Pasadena, CA	44	33	9	2	—	—	—
Portland, OR	130	83	32	9	6	—	18
Sacramento, CA	210	152	45	7	4	2	10
San Diego, CA	142	96	30	12	3	1	11
San Francisco, CA	132	82	33	11	2	3	16
San Jose, CA	200	153	31	7	3	6	8
Santa Cruz, CA	25	16	9	—	—	—	—
Seattle, WA	107	70	24	10	3	—	4
Spokane, WA	54	41	10	2	1	—	7
Tacoma, WA	121	87	28	4	1	1	3
Total	11,159**	7,303	2,503	791	290	266	654

U: Unavailable. —:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

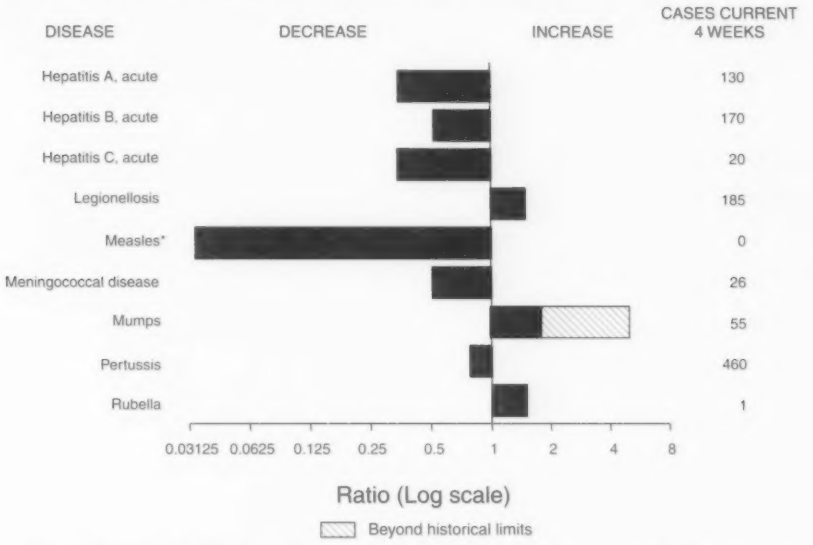
† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals October 21, 2006, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 42 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data

Patsy A. Hall

Deborah A. Adams
Willie J. Anderson
Lenee Blanton
Rosaline Dhara
Vernitta Love
Pearl C. Sharp

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's Internet server at *http://www.cdc.gov/mmwr* or from CDC's file transfer protocol server at *ftp://ftp.cdc.gov/pub/publications/mmwr*. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Data are compiled in the National Center for Public Health Informatics, Division of Integrated Surveillance Systems and Services. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to *www.mmwrq@cdc.gov*.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.

☆U.S. Government Printing Office: 2006-523-056/40081 Region IV ISSN: 0149-2195

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
ATLANTA, GA 30333

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300
RETURN SERVICE REQUESTED

93036 0001
PROQUEST INFORMATION & LEARNING
PERIODICALS ACQUISITION
PO BOX 1346
ANN ARBOR, MI 48106-1346

FIRST-CLASS MAIL
POSTAGE & FEES PAID
PHS/CDC
Permit No. G-284